



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

Issued by the Chief Inspector

Name of designated centre:	Group K - St Anne's Residential Services
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	08 May 2025
Centre ID:	OSV-0005157
Fieldwork ID:	MON-0046994

About the designated centre

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

Group K - St Anne's Residential Services consists of a detached two-storey house, located in a small town. The designated centre provides a residential service for up to five residents with intellectual disabilities, both male and female, over the age of 18. The centre can offer support for those with mobility issues. Each resident has their own bedroom and other facilities in the centre include a kitchen/dining room, two sitting rooms, bathroom facilities and staff rooms. Staff support is provided by a clinical nurse manager, a home manager and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 8 May 2025	09:00hrs to 17:00hrs	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 empowered to make decisions about their care and support.

Overall, the inspection findings was that residents' safety was prioritised across all aspects of care and support. Admissions to the centre were carefully considered and assessed to ensure that resident compatibility was aligned with best practice around safeguarding. Some minor improvements were required in relation to premises condition and staffing. For the most part the provider was self-identifying these issues.

The inspector used observations, conversations with staff, interaction with residents, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The centre has capacity to accommodate five residents and at the time of inspection the centre there were no vacancies.

The centre comprises a large detached two-storey home located a short walking distance into a local town in Co. Tipperary. As part of the inspection process the inspector completed a walk around of the home. The residents bedrooms and living spaces were located on the ground floor of the building and upstairs there was an office space, a staff sleep over room, a staff bathroom and storage room. The residents had access to the upstairs part of the building but due to mobility needs and choice the majority of residents did not access this part of the building. Downstairs the inspector saw that each resident had their own individual bedroom, access to three bathrooms, a kitchen come dining room and a separate sitting room. Due to general wear and tear aspects of the premises required some maintenance, such as painting. In addition, the laundry area was allocated in a separate building outside of the home. This required review to ensure it was maintained to a standard that promoted effective Infection Prevention and Control (IPC) measures. Although some rooms were very much personalised with photographs, paintings and other personal effects some areas of the home required some more attention to detail to ensure they were presented in a homely manner.

On arrival at the centre in the morning four residents were present. One resident had left for their day service. The inspector met the four residents across the morning of the inspection and later in the afternoon met with the fifth resident. In the morning the majority of the residents were up and ready for the day. One resident was still in bed as this was their preference. Three residents had retired from day service and two residents attended day service five days a week.

One resident was up and ready to go out with a staff member for the morning. They greeted the inspector and told them about their upcoming plans to go shopping in a

local town and were excited to go on this trip. One resident had just finished their breakfast and went to relax in the sitting room. They had their preferred items in reach such as newspapers and diaries and were seen to take down notes. This resident primarily used non-verbal means to communicate but was very effective and skilled at joining and contributing to ongoing conversations. Using non-verbal cues they were able to tell the inspector about the equipment stored in the sitting room and who it belonged to. They also told the inspector about their favourite activities. They seemed happy and content when their peer joined them in the sitting room. Later in the afternoon the inspectors saw three residents relaxing together in this room.

The inspector observed other residents being supported to leave the home, or relax in the sitting room. Staff were seen to sit beside residents and engage them in conversations or have a cup of tea with them. Interactions between staff and residents were respectful, professional and caring. Staff spoke about activities that were important to residents and how this was best supported. For example, a staff member explained that residents liked to go out for lunch in a local restaurant, meet with family members, attending religious ceremonies, visiting local attractions, shopping

The residents that remained in the home were served a home cooked lunch. The residents expressed they enjoyed this meal and were observed to sit comfortably around the table.

Later in the afternoon, the inspector met with the final resident. They had their own desk in the sitting room so they could complete art work while sitting in the company of their peers. They were sitting at this desk and showed the inspector some of the art work they were in the process of completing. The resident had many interests and engaged the inspector in conversations around ongoing current affairs such as politics. They stated they were very happy in their home and spoke about upcoming staff changes within the organisation. It was evident the resident was well informed of events that were not only happening within the designated centre but also changes within the organisation.

Safeguarding and rights were also discussed at residents meetings. Residents were reminded that if they felt unsafe or mistreated to report their concerns immediately to the person in charge or to a member of staff. The role and importance of advocacy was also discussed with the residents and they were reminded of the importance of treating each other with dignity and respect.

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

Capacity and capability

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.

Although there was a very committed and consistent staff team in place that ensured residents were safe at all times, the provider had identified that the number of staff employed in the centre was not sufficient to meet all residents' needs at all times.

Staff had been provided with appropriate training, in respect of safeguarding and a human rights based approach to care. 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.

Regulation 15: Staffing

Overall, 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.

Recently the skill-mix of the staff team had been enhanced by appointing a clinical nurse manager (CNM1) to the team. The majority of residents in the home had complex medical needs and changing needs due to aging and the introduction of this post ensured that these needs could be well met within the home environment.

The provider had identified that there was 50 hour a week staff deficit within the centre. This was due to retired residents now being at home and requiring a wrap around service to ensure all their needs were being met. Although a business case had been submitted to the funder, this had not been addressed at the time of inspection.

The inspector reviewed the planned and actual rosters for a recent five week period between March and April 2025. All rosters were well maintained. Although agency and relief staff were being utilised this was kept to a minimum to ensure continuity of staffing. For example, on the week commencing the 24th of April 2025 one agency staff covered four shifts. There was a similar pattern over the preceding weeks with the same agency staff named on the roster.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix that was in place to track the relevant trainings completed by staff. There were 15 staff represented on this matrix

including agency staff and relief staff. From reviewing the training records the inspector found that staff were provided with the required training to ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and well being. For example all staff had completed training in relation to safeguarding, fire safety, manual handling, safe administration of medicines. Staff had also completed training in relation to residents specific assessed needs such as feeding, eating and drinking needs and epilepsy. The inspector reviewed 12 training certificates and found that they aligned with the information in the training matrix.

There were systems in place to ensure that staff received regular supervision to enable them to complete their role effectively. Each staff received a minimum of two face to face supervisions per year and a Performance Development Review. The inspector reviewed the schedule in place for 2025 and found that all staff members had protected time allocated to complete this process. In addition, the inspector reviewed three recent staff supervision notes and found that they included discussions around safeguarding, incidents and residents' specific needs.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by a service manager and Clinical Nurse Manager (CNM3).

The designated centre was being audited as required by the regulations and an annual review of the service had been completed for 2024 along with a six monthly unannounced visit to the centre carried out in December 2024. The inspector reviewed both these documents. 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. On completion of the audits, actions were being identified along with a plan to address them in a timely manner. The audit findings were in line with the inspection findings such as identifying some premises works and the need for additional staffing. Safeguarding measures were reviewed during this process and the knowledge of staff and residents around safeguarding processes were reviewed.

In addition to provider level audits, a suite of local level audits were also completed to ensure the service was safe and meeting the residents' specific assessed needs. Audits such as IPC, health and safety, medication, care plans, fire safety and restrictive practice occurred in line with a specific scheduled. All audits were comprehensive and were identifying areas of improvement.

To ensure effective communication within the staff team regular team meetings took place. The inspector reviewed the meeting notes for February and March 2025 and found that safeguarding was a standing agenda item on these meetings.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the staff team were providing person centred care to the residents in this centre. This meant that residents were able to express their views and were supported to make decisions about their care. The residents lived in a comfortable home where their needs were well met. The residents enjoyed the company of their peers and were encouraged to take part in activities in their community. Some minor premises works were required to maintain the home to a good standard.

Overall, on the walk around of the home the inspector noted that the home was very clean and efforts had been made to ensure the majority of environment was homely in presentation. However, due to general wear and tear aspects of the home required some minor maintenance works and painting. In addition, due to some residents moving rooms within the centre, the attention to detail around decor required improvements to ensure all the rooms were personalised.

Overall, in terms of safeguarding there were good practices within the centre which aligned with national policy and best practice in this area. Staff had sufficient knowledge and training in this area. Residents were equipped with knowledge around the different types of safeguarding issues that they could encounter.

Residents were supported with their communication needs and easy to read information was provided where necessary to enable the residents to make informed decisions.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes. The inspector reviewed three residents' personal plans and found that each resident had a plan of care for communication and a communication passport in place. These documents accounted for each residents' unique way of communicating and were very detailed. For example, each communication passport contained information on activities of interest for each resident to help start conversations with them.

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

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 and were generally kept in a good state of repair, so as to ensure a comfortable and safe living environment for the residents.

On the walk around the inspector noted that the majority of the building was very kept, clean and nicely presented. Some recent maintenance work had been completed such as the installation of a new bathroom and new flooring in the home.

Some parts of the home required painting and some maintenance work. For example in one resident's bedroom a section of a wall was not painted, in another resident's bedroom the paintwork was significantly chipped, the sitting room required painting and there were some loose telephone wires exposed.

The laundry room was located to the rear of the home and was in a separate metal corrugated type building. There was a build up of dirt and debris under laundry machines and other items. There was some plants and weeds growing in the corner of the building. The door to this building could not be closed. Although the provider had identified that the location and presentation of this area was not meeting relevant standards there was no plan in place to rectify this area.

Each resident had their own bedroom. Three of the five bedrooms were decorated to residents' individual style and preference. For example, pictures and personal items were on display. However, two residents' bedrooms required more attention to detail in relation to personalisation.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector found that the safety of residents in the centre was promoted through risk assessment, learning from adverse events, and the implementation of control measures.

The registered provider had prepared a written risk management policy, which underpinned their procedures for the identification and assessment of risks, and management of incidents.

The inspector reviewed three residents risk assessments that were in place. All risk assessments were recently updated and contained control measures relative to the identified risk. For example, the inspector saw risk assessments in place for falls, choking, financial abuse, fire and epilepsy.

The inspector found that there were good arrangements for the recording and review of incidents and adverse events. The inspector reviewed all incidents that had occurred from July 2024 to May 2025. All incidents had been reviewed by a member of the management team. Incidents were also discussed at staff meetings and other meetings such as multi-disciplinary team (MDT) meetings for information sharing and to identify learning. The inspector also found that actions were taken to reduce the risk of incidents reoccurring. For example, following a choking incident in 2024 the resident was referred to relevant health and social care professionals to evaluate their ability in this area and to ensure the plans in place were adequate to reduce the identified risk.

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, restrictive practices 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 three residents, and found that they were up to date and readily available to staff in the centre. All residents had an assessment and corresponding care plan in relation to their safety and awareness of safety. This plan accounted for any safeguarding needs in place for the resident. For example, the inspector saw that one plan referred to the residents online safety requirements and what measures had been put in around this to keep the resident safe.

The plans also included information on residents' personal preferences and interests, such as their favourite activities and foods. The inspector found that staff spoken with were familiar with the contents of the plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall in the centre, residents required minimal support in the area of positive behaviour support. Notwithstanding, there were some restrictive practices utilised to ensure residents remained safe at all times. The inspector reviewed the systems in place to monitor restrictive practices and found that they were in line with the provider's policy and followed a least restrictive approach to care and support. For example, all restrictions were reviewed locally on a quarterly basis and annually by the MDT team. All restrictive practices had a clear rationale and were linked to relevant risk assessments and care plans.

There was one behaviour support plan in place. This had been updated in November 2024 by the Clinical Nurse Specialist. There were clear strategies in place to guide staff. 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.

Intimate care plans had also been prepared to support staff in delivering care to residents in a manner that respected their dignity and rights. The inspector reviewed two plans and found that they included a consent form which involved the residents in the process of devising the guidelines for staff.

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. As part of the residents' personal planning process a rights' awareness checklist had been completed. The inspector reviewed this document and saw that residents' rights were assessed in relation to the use of restrictive practices, access to the environment, finances, choices around diet and health and control of personal belongings.

All staff had completed human rights' training. Observations on the day of inspection indicated that the residents' were well supported and cared for.

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 March 2025 it was explained to residents that if they had any safeguarding concerns they could speak with a member of the staff team.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	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 Group K - St Anne's Residential Services OSV-0005157

Inspection ID: MON-0046994

Date of inspection: 08/05/2025

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider has submitted business cases to HSE as funder requesting enhanced funding following the identification of staffing deficits within the designated Centre. Business cases include enhanced funding for staffing for residents who have retired from day service within the designated Centre.</p> <p>The service manager has raised deficits identified in staffing with the ACEO. This has been submitted to the senior executive management team for interim staffing approval.</p> <p>Staff & PIC are aware of the internal escalation process if additional assistance is required at any time to facilitate individuals needs.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will carry out a review of all outstanding maintenance work within the designated centre and schedule works to be completed.</p> <p>Company engaged to complete painting works in two residents bedrooms. The bedrooms will be enhanced to ensure they are personalised (Supported individual has picked their colour) and meet residents needs and personal preferences. The sitting room will also be painted at this time.</p> <p>Maintenance works completed to ensure telephone wire is secured and made safe. A new corrugated type separate building is sourced and being constructed to replace</p>	

existing laundry room. This new building will be installed and set up as a laundry facility for the designated centre.

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/07/2025
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 17(1)(c)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/09/2025

	are clean and suitably decorated.			
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