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 I
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	22 June 2026
Centre ID:	OSV-0005161
Fieldwork ID:	MON-0042312

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 I is a designated centre operated by the Avista CLG. The centre provides a residential service to a maximum of four adults with a disability. The centre comprises of a semi-detached five bedroom two story house located in a town in Co. Tipperary close to local amenities such as pubs, hotels, cafes, shops and local clubs. The house consisted of an open planned kitchen/dining room, utility room, sitting room, four individual resident bedrooms, a staff sleep over room, an office and a two shared bathrooms. The staff team consists of care workers who are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Monday 22 June 2026	10:00hrs to 17:50hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to assist in informing the decision in relation to renewing the registration of the designated centre. It took place over one day and was carried out by one inspector. 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 31: Notification of incidents.

The designated centre comprised of a semi-detached, two storey house in a large town in Co. Tipperary. The house contained five bedrooms, one which was used as a sleepover room for staff, a kitchen/dining area, a living room, a staff office and three bathrooms. One of the residents had recently moved from a bedroom upstairs to one on the ground floor to better accommodate their needs and they were happy with this move. They had chosen their favourite colour as the paint colour of their new room.

The centre was well-maintained, clean and homely. There was an outdoor seating area to the rear of the house and this was an area that the resident liked to spend time in, when the weather allowed. On the evening of the inspection, residents spent time sitting outside, completing puzzles and listening to music with staff.

The inspection was facilitated by the centre's person in charge and a social care worker. A member of provider's senior management team attended the centre for the feedback meeting later in the day. On the day of the inspection, the centre was home to three residents. All of the residents attended day services each day, during the week. The inspector had the opportunity to meet with all of the residents on their return in the evening time.

During the evening, the inspector observed the person in charge and staff supporting the residents in a person-centred, caring and professional manner. Staff knew the residents well and spoke with them regarding topics of particular interest to them. Residents clearly enjoyed spending time with staff and appeared relaxed and happy in their company.

The inspector sat with two of the residents in the afternoon, on their return to the centre. One resident told the inspector that they were happy living in their home. They told the inspector about their pets and showed the inspector their pet goldfish. The resident headed out in the evening to get supplies for the goldfish tank.The inspector met the third resident on their return later in the evening.

All of the residents, with support from staff, had completed questionnaires prior to the inspection. Feedback contained in the questionnaires were positive. One resident wrote that they "like bedroom". The inspector also reviewed some written feedback

from family members of residents, which was also positive. One family commented that they were very grateful for staff keeping them informed across all of the resident's life. Another family member commented that one of the residents was the happiest their family member had ever seen them.

As mentioned above, all of the residents attended day service during the week. Two of the residents went to a day service local to the centre and the third resident travelled via public transport to their day service in another town. One resident was in paid employment, one day a week. Residents had a number of shared interests and engaged in these interests regularly. These included concerts and musicals and the residents travelled to different counties, with support from staff, to attend these events.

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.

Improvements were required to the provider's systems for the notification of incidents to the Chief Inspector of Social Services.

The person in charge and local management team had good oversight of the service and ensured that the staff team provided person-centred care to the residents living here.

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. Staff had received additional training to meet the needs of the residents.

Regulation 14: Persons in charge

The person in charge was employed by the provider in a full-time capacity and had the necessary qualifications and experience to fulfil the role, in line with the regulations.

The person in charge had responsibility for three designated centres operated by the provider. There were suitable arrangements in place to facilitate this. The person in charge discussed the arrangements with the inspector and provided assurances around oversight of the centre.

They were found to be actively involved in the operational management of the centre. Staff spoken with felt supported in their role by the person in charge.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection, the staff team in the centre was undergoing changes. Two staff members were in the process of leaving the centre and this would create a vacancy of 60 hours per week in the centre. There was a plan in place to address these gaps in the rosters by utilising familiar relief staff who were already completing shifts in the centre. Recruitment to fill these roles was also ongoing.

The inspector reviewed the rosters for May 2026 and, to date, in June 2026. During this period, one agency staff had completed one shift in the centre. This agency staff was a regular agency staff in another centre in close proximity to this centre. The inspector reviewed a sample of documents detailing the support needs of the residents and found the agency staff had signed these documents as having read them. This included one of the residents' communication passport, the fire safety folder and the positive behaviour plan for one resident.

Team meetings were regularly taking place in the centre. Four team meetings had taken in place in the year to date. The inspector reviewed the meeting minutes from these meetings. There was a set agenda which included safeguarding, review of incidents, training, fire drills and complaints.

Judgment: Compliant

Regulation 16: Training and staff development

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. There was a staff training matrix in place, which the centre's management team had oversight of. The inspector reviewed the training matrix and found that all staff had completed all training that was considered mandatory for the centre to meet the needs of the residents. This training included safeguarding, manual handling, fire safety, feeding, eating, drinking and swallowing difficulties (FEDs) and basics of infection control.

Staff had also completed additional training to meet the needs of the residents. This included training in human rights, the Assisted Decision-Making (Capacity) Act 2015 and basic life support/heart saver.

The centre's social care worker completed communication meetings with each of the staff team. These meetings took place twice a year, in line with the provider's policy. The inspector reviewed the communication meeting records for three staff members and found that these were up-to-date and followed a set format. Staff spoken with felt supported in their role by the centre's social care worker.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted documentary evidence of insurance as part of the application to renew the registration of the centre. This was reviewed prior to the inspection. The document showed that the registered provider had in place insurance in respect of the designated centre which was appropriate and in line with the regulation.

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. The local management team in the centre consisted of the person in charge and a social care worker. The local management team had responsibility for this centre and one other centre in the same town. In addition, the person in charge had responsibility for a third designated centre. There were arrangements in place for the oversight of these centres. The staff spoken with felt supported in their roles by the local management team.

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. These included audits on infection prevention control, health and safety, incidents and hand hygiene. Internal audits regarding medications were taking place and an external professional had conducted a medication audit in September 2025, which had been fully compliant.

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. Unannounced six month audits were taking

place in the centre, with the last audit completed on 30th April 2026. All actions identified in this audit had been completed or were in the process of being completed.

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.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the residents in the service and the day-to-day operation of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Under this regulation, the Chief Inspector must be notified of certain specific events within three working days or on a quarterly basis, depending on the events in question. In reviewing the records relating to staffing in the centre, the inspector identified an allegation of misconduct by a staff member. This had not been reported to the Chief Inspector, in line with the Regulations.

While action had been taken by the person in charge in response to the allegation, the provider did not have systems in place to recognise that this allegation was required to be notified to the Chief Inspector.

Judgment: Not 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.

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.

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.

Residents had their own mobile phones which they used to keep in contact with family and friends.

The inspector reviewed the communication passport in place for one resident. This had been reviewed and updated by a relevant health and social care professional within the past month. The passport contained guidance for staff on how the resident expressed their feelings, what they liked/disliked and what helps the resident to communicate effectively.

There were accessible documents in place for residents. This included a social story in preparation for a medical appointment and easy-to-read information on the national healthcare screening programmes. Accessible information regarding this inspection was also displayed in a communal area of the house.

Judgment: Compliant

Regulation 11: Visits

The registered provider and staff team had ensured the residents were supported to maintain links with important people in their lives. Staff spoken with, detailed the arrangements in place to ensure that residents visited with family members that were important to them. Staff facilitated these visits, where required.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were actively supported and encouraged to connect with family and friends and be included in their chosen community, in line with their wishes.

Residents shared a number of interests and attended events in line with these interests together, with support from staff. There was an upcoming period where all of the residents' day services would be closed for a summer break. The residents had booked a number of activities for this time period. This included going to see a musical, concerts and taking a boat trip.

One resident was in paid employment and they spoke to the inspector about elements of their job and said that they enjoyed it. One resident had completed a course and earned a certificate in an area of interest to them. Residents went on both day and overnight trips to places of interest.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be clean, warm and welcoming on the day of the inspection. Each resident had their own bedroom and these were decorated with their personal items. There were multiple areas in the house for residents to spend time and relax in. There was a seating area outside, to the rear of the house, and this was somewhere that residents enjoyed sitting, listening to music and completing puzzles.

There were two minor works that the provider had identified in their internal auditing process that required completion in the centre. These were in train at the time of the inspection. For example, the front door had been identified as requiring replacement and a new door was awaiting delivery from the supplier.

The centre met the requirements of Schedule 6, under the regulations. The centre was located in an urban area where residents had good access to public transport and local amenities, such as shops and restaurants.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Portable firefighting equipment was strategically located throughout the centre to cover the risk of fire.

Staff in the centre completed daily checks on the exit routes and fire system panel. There was a weekly routine activation of the fire alarm and visual weekly checks on fire safety equipment.

There was fire safety equipment in place in the centre and this included fire extinguishers, fire detection/alarm system and emergency lighting. This equipment had received their annual service by a competent fire personnel, for example, the fire extinguishers had been serviced in October 2025 and the fire detection/alarm system had been serviced in January 2026.

Seven fire drills had taken place in the year to date, with no issues identified. There were personal emergency evacuation plans in place for each resident, which had all been reviewed in April 2026. One of the residents told the inspector what they would do if the fire alarm was activated.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured each resident was provided appropriate healthcare. The person in charge had ensured that all residents had access to health and social care professionals, as required.

Residents were in receipt of care from a range of medical and health and social care professionals. For example, one resident received a visit in their home from an occupational therapist and a physiotherapist. Following a joint review, they made recommendations to make the resident's home more accessible to them. These recommendations were adopted by person in charge and the staff team and the resident had now moved bedrooms. They informed the inspector that they were happy with this move.

Residents were regularly supported by staff to attend appointments to support their healthcare needs. These included appointments to see dentists, chiropodists, general practitioners and speech and language therapists. There was evidence of the staff team advocating for residents during these appointments and supporting residents to get the best outcome from treatment.

Where residents met the criteria, they were engaging with national health screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

At the time of this inspection, there were no restrictive practices in place in the centre. This was something that was kept under review and discussed at team meetings.

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 one resident. This plan had been completed by a relevant health and social care professional. The plan contained proactive and reactive strategies to support the resident with their needs in this area.

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 action safeguarding concerns at the time of this inspection.

There had previously been safeguarding concerns that had arisen in the centre. There were risk assessments in place for these concerns, which contained control measures which had proven effective in keeping residents safe in their home. Staff spoken with were aware of these control measures and of the previous incidents that had occurred.

The inspector reviewed the support plan in place to support two residents with their intimate care needs. The plans list different areas of care support needs, such as oral care, and notes the level of support is required and whether the resident has consented to be supported by staff with this area of personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were involved in and participated in how the centre was run. Residents held meetings each week to decide on the menu for week, plan any activities they wished to engage in and discuss anything upcoming for the centre. For example, in the weeks prior to this inspection, staff discussed with residents who the inspector was that would be visiting their home.

Staff completed records of these meetings and they ensured that residents' choices were noted by documenting how residents expressed they were happy with any

decision made. For example, if this was expressed verbally or by gesture and what phrases were used.

Residents also held advocacy meetings each month. The topics discussed in these meetings included if the residents had any complaints or compliments of the service, an identified FREDA (fairness, respect, equality, dignity, autonomy) principle, safeguarding and any likes/dislikes the residents would like to discuss.

In the June 2026 meeting, the core value of the month was respect. One resident had a compliment for the service related to their satisfaction with the new service car. They discussed the staffing changes referred to earlier in this report, under Regulation 15: Staffing. There was an update on an environmental change in the centre, the new front door. One resident was asked if they would like to make a change to a chair in their bedroom and the resident responded "I like my chair, it's my choice".

One resident was the advocacy representative for their region in the provider's resident advocacy group.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	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 I OSV-0005161

Inspection ID: MON-0042312

Date of inspection: 22/Jun/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 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The registered provider acknowledges that an allegation of misconduct by a staff member was not notified to the Chief Inspector within the required timeframe.
A retrospective notification was submitted to the Chief Inspector on the day of the inspection upon identification of the omission.

The requirement to notify allegations of staff misconduct and other notifiable incidents under Regulation 31 will be included as an agenda item at scheduled governance and management.

The PIC will provide oversight whereby all incidents are reviewed against regulatory notification requirements, ensuring that all notifiable incidents are identified and submitted to the Chief Inspector within the required statutory timeframe.

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 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.	Not Compliant	Orange	30/Jul/2026