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:	Unannounced
Date of inspection:	04 September 2025
Centre ID:	OSV-0005161
Fieldwork ID:	MON-0048150

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
Thursday 4 September 2025	09:00hrs to 17:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and the purpose of this inspection was to monitor the centres ongoing levels of compliance with the regulations and to review safeguarding measures in place. Overall, the inspector found that the residents were safe in this centre and were supported to enjoy a good quality of life which was respectful of their choices and wishes.

There were three residents living in the centre on the day of inspection and the centre had one vacancy, and therefore there was one spare bedroom in the house on the day of inspection. Residents had all gone out to day services at the start of the inspection day and two staff members were present in the centre completing documentation and cleaning duties.

The house manager was present and they contacted the person in charge and accommodated a walk around the home. The person in charge arrived to the centre later in the morning and both the person in charge and house manager were present for the remainder of the inspection day. The premises was kept in a good state of repair and was suitable to meet the needs of the residents. The house was 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 a kitchen/dining room, utility room, sitting room, four individual resident bedrooms, a staff sleep over room, an office and two shared bathrooms. Residents pictures and personal belongings were noted around the centre and the house appeared comfortable and homely.

One resident returned home in the early afternoon to attend an appointment and the inspector had the opportunity to sit and chat with them. The resident appeared very happy in their home and communicated that they liked living with their peers, when asked. The resident spoke about different activities and trips they had done and had planned in the coming months including meeting family, shopping trips and holidays overseas. The resident had just attended a local choir session the previous evening and spoke about how they had enjoyed this.

One other resident returned home from day services later in the afternoon and the inspector had the opportunity to meet with them. They appeared very happy and comfortable in their home and they were observed smiling and relaxing on their bed and watching their TV. They were later seen heading out for a walk in a local park with a staff member. The inspector did not meet with the third resident during the inspection, staff communicated that they were using public transport independently to travel home from day services and had not yet returned by the end of the inspection day.

Documentation reviews evidenced that residents enjoyed regular individualised activation. All residents attended day services Monday to Friday. As well as this, residents regularly enjoyed walks in the local parks, shopping, day trips, meeting

friends and family, cooking and swimming. Spirituality appeared to be important to all the residents living in the centre and this was recognised by staff who supported residents to regularly attend mass and local services and prayers. Residents all had social goals in place and were working towards achieving these. Residents meetings were held every Sunday evening and these were used as an opportunity to discuss plans for the week ahead.

There was a consistent staff team in the centre and this comprised of care workers. They were supported by a person in charge and a house manager. The person in charge shared their role with two other designated centre and divided their time evenly between the centres. Staff spoken with were happy working in the centre and were aware of management structures and who to report to, should a safeguarding concern arise. One new staff member had recently started in the centre and they were supported to complete shadow shifts with another staff member before rostered work hours.

Overall the three residents were very happy living in their home. They appeared to be a compatible group of friends and safeguarding incidents were very minimal. The atmosphere in the home was quiet and relaxed throughout the day and familiar and positive interactions were observed between staff and residents. From what residents told them, and what the inspector observed, this was a well-run centre where residents were leading busy lives, making decisions and choices in their day-to-day lives and engaging in activities of their choosing.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered in the centre.

Capacity and capability

The inspector found that the registered provider, Avista CLG, was demonstrating the capacity and capability to provide appropriate care and support to the residents which was person-centred and promoted the resident's needs and preferences.

The inspector completed a review of staffing arrangements, training records, and management audits and reviews and found that the provider had ensured that the centre was adequately resourced and that the service provided was safe and effectively monitored. There was a clear management structure in place and lines of accountability. The person in charge and house manager had robust review systems to ensure day-to-day oversight of the centre's running.

Regulation 15: Staffing

There were appropriate staff numbers and skill mixes in place to meet the assessed needs of the residents during the day and night. There was a staff rota maintained and this was reflective of the centres WTE (Whole Time Equivalent) on the centres Statement of Purpose. The centre had access to a panel of regular relief staff when required. The centre had recently experienced some staffing vacancies and this was actively addressed by the provider through recruitment processes. Residents continued to have regular staff supporting them during this time.

The staff team comprised of care workers and they were supported by a person in charge and a house manager. The person in charge shared their role with three designated centres and divided their time evenly between the centres. One new staff member had recently started in the centre and they were supported to complete shadow shifts with another staff member before rostered work hours. A probation period was identified for all new staff members. Staff meetings took place every six to eight weeks.

Judgment: Compliant

Regulation 16: Training and staff development

Management were completing formal one to one supervision with all staff twice per year. The inspector reviewed training records for all staff working in the centre. Training records reviewed demonstrated that staff had up-to-date training and refresher training. Staff had completed training in a number of mandatory areas including:

- Fire Safety
- Safeguarding of Vulnerable Adults
- Children's First
- Medication Management
- Manual Handling
- Infection Prevention and Control
- Behavioural Support
- Epilepsy management

However, a new staff member had recently started working in the centre and had not yet completed manual handling or fire safety training. This was scheduled to be completed in October. This posed a risk as the staff member was rostered to work over the coming month and was assigned fire safety duties, for example in the event of a fire, they would be one of two staff members supporting residents to evacuate the centre. It was acknowledged on the day of inspection that the staff member was on the rota to work due to recent staffing vacancies.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place and lines of accountability. The centre had a full-time person in charge who shared there role between three designated centre, they were supported in the centre by a house manager. Management were regularly present in the designated centre and appeared very familiar with all of the residents and their individual needs.

Management had clear checking and management systems in place to ensure day-to-day oversight of the centre's running. There were a number of quality assurance audits in place to review the delivery of care and support in the centre. These included six-monthly unannounced provider visits and an annual review for 2024. These reviewed the centres levels of compliance with the regulations and were appropriately self-identifying areas in need of improvements. These included consultation with the residents and staff working in the centre. Actions plans with clear timelines and persons responsible were developed following these reviews.

The person in charge and house manager had clear audit schedules in place for the coming months and these included reviews of risk management, health and safety, personal plans, residents finances, medication and fire safety.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a Statement of Purpose in place and this was an accurate description of the service being provided. The document contained all items set out in Schedule 1, including the facilities provided, criteria for admission, the number and age range of the residents and the staffing complement.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector was notified of these, as required by Regulation 31.

Judgment: Compliant

Quality and safety

Systems were in place to regularly review and monitor the quality and safety of care and support in the centre. The staff team and management were striving to provide a safe and high quality level of care to the residents.The provider, person in charge and team leader had endeavoured to address any actions from the centres most previous inspection.

At the time of inspection there was one open safeguarding concern. Residents' well being and welfare was maintained by a good standard of evidence-based care and support.

Regulation 13: General welfare and development

Residents were all provided with appropriate care and support in accordance with their assessed needs and disabilities. All three residents had good access to recreation facilities and attended day services Monday to Friday. As well as this, residents regularly enjoyed walks in the local parks, shopping, day trips, meeting friends and family, cooking, gardening, crafts, meals out and swimming. One resident was in paid employment and was doing well with this.

Spirituality appeared to be important to all the residents living in the centre and this was recognised by staff who supported residents to regularly attend mass and local services and prayers. Residents all had social goals in place and were working towards achieving these with support from staff. From what residents told them, and what the inspector observed, this was a well-run centre where residents were leading busy lives, making decisions and choices in their day-to-day lives and engaging in activities of their choosing.

Judgment: Compliant

Regulation 17: Premises

The premises was kept in a good state of repair and was suitable to meet the needs of the residents. The providers had ensured the provision of all matters set out in Schedule 6 including, suitable communal space, laundering facilities, dining areas, storage and quiet spaces.

The house was 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 a kitchen/dining room, utility room, sitting room, four

individual resident bedrooms, a staff sleep over room, an office and a two shared bathrooms. Residents pictures and personal belongings were noted around the centre and house appeared clean, comfortable and homely.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place in the centre for the assessment and management of risk. The premises was in a good state of repair and environmental risks had been considered and mitigated when necessary. The centre had a safety statement and this was available to staff and residents, as well as an up-to-date policy on risk management. There was a service risk register in place which included a review of potential hazards and identified control measures to mitigate risks and persons responsible. There was a service quality and risk manager who completed regular audits in the centre.

Each resident had a number of individual risk assessment management plans on file, so as to support their overall safety and wellbeing. Individual risk assessments highlighted specific concerns and outlined resources in place to reduce the identified risks. These were regularly reviewed and updated when required. There were systems in place to ensure incidents were reported and managed in an effective manner. This included a log of any adverse incidents such as falls or incidents of behaviours of concern.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment in place and systems to ensure it was serviced as required. On the walk around of the premises the inspector saw fire extinguishers, emergency lighting and detection systems. Fire containment measures were in place and effective.There were automatic door closures in place to ensure that doors would close in the event of a fire. There were adequate means of escape. All fire equipment was being regularly serviced by suitable qualified fire safety professionals.

Residents and staff were completing regular fire evacuation drills and these demonstrated the ability to evacuate the centre in a timely manner in the event of a fire during the day and night. Each resident had a personal emergency evacuation plan (PEEP) which accurately reflected the levels of support required in the event of an evacuation. One new staff member did not have fire safety training and this is

detailed under Regulation 16.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The designated centre was suitable for the purposes of meeting the assessed needs of each resident. All residents had comprehensive assessments of need and personal plans in place. These appropriately reflected the residents health, personal and social needs and supports required for activities of daily living. All residents experienced an annual review of the care and support provided and these was used as an opportunity to discuss the residents plan for the year ahead and to assess any changing needs.

Social stories were regularly used by staff and residents, for example to communicate any changes or life events. Residents all had individualised activation schedules and a range of social goals they were working towards including a visit to a museum, a night away, fitness goals, attending a Christmas pantomime and a music festival.

Judgment: Compliant

Regulation 6: Health care

The registered provider took measures to ensure the residents' healthcare needs were met. Healthcare assessments were in place and reviewed regularly with appropriate healthcare plans developed from these assessments. These included hollistic end of life care plans.

All residents had hospital passports in place for use in the event of transfer to an acute healthcare setting and these were regularly audited and reviewed and included important information such as the residents prescribed medication, communication methods and details of their General practitioner (GP).

Residents all had good access to multi-disciplinary services including physiotherapy, speech and language therapy and dietetics. They also had access to nursing support within the organisation, when required. The residents were appropriately supported to attend any scheduled healthcare appointments and screenings. One resident was attending a healthcare appointment on the day of the inspection with support from staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, there were systems in place to support residents in line with their assessed needs in relation to positive behavioural support. Residents had input from suitably qualified behavioural specialists who developed behavioural support plans when required. These included proactive supports for staff to use such as communication methods. There were low incidents of behaviours of concern and there were no restrictive practices in use in the centre on the day of inspection.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems to safeguard residents from abuse, which were underpinned by a written policy.

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 and all staff had up-to-date Garda vetting in place.

The inspector found that safeguarding concerns had been appropriately reported and notified to the relevant parties. Safeguarding plans had also been prepared, as required, which outlined the measures to protect residents. There was one open safeguarding plan in place on the day of inspection and staff were aware of measures in place to continually protect residents safety.

Intimate care plans had also been prepared to support staff in delivering personal care to residents in a manner that respected their dignity and preferences.

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	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services - Group I OSV-0005161

Inspection ID: MON-0048150

Date of inspection: 04/09/2025

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: The new staff member remains on the roster scheduled for duties and is always accompanied by a core staff member as part of their induction. Fire Training will be completed at the next available date 07.10.2025. The new staff member will receive ongoing training and supports shadowing staff and management through local evacuations and drills during this time.	

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	20/09/2025