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:	Community Residential Service Limerick Group H
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	29 April 2026
Centre ID:	OSV-0005295
Fieldwork ID:	MON-0043397

About the designated centre

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

Community Residential Service Limerick Group H consists of two semi-detached two storey houses located in a housing estate in a city. The centre provides full time residential care for up to eight resident over the age of 18 with intellectual disabilities with each house having a capacity for four residents. Each resident has their own bedroom and other rooms in both houses include a kitchens, living rooms, bathrooms and staff rooms. The residents is supported by the person in charge, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 April 2026	10:00hrs to 17:40hrs	Lisa Redmond	Lead
Wednesday 29 April 2026	10:00hrs to 16:50hrs	Paul Dunbar	Support

What residents told us and what inspectors observed

This was a short-term announced inspection completed in Community Residential Services Limerick Group H. This designated centre was registered to provide full-time residential services to a total of eight adult residents. At the time of the inspection, four residents lived in the designated centre.

Overall, residents were provided with a good level of care and support in their home. There was evidence of effective oversight of the centre to ensure the safety of residents. Although some minor improvements were required to the complaints procedure provided to residents and the premises, this did not significantly impact on residents.

The residents lived in two houses in the same housing estate. Each of the residents' homes were clean, warm and decorated to reflect the residents' personalities, likes and interests. Artwork completed by residents, and photographs of days out and special occasions were on display. Each resident had their own bedroom. The bathroom in one of the houses had recently been renovated to include an accessible shower to meet the needs of residents. In the second house, a newly installed patio door added light to the residents' home and gave access directly to their garden where seating was provided. The garden planted and developed by a previous resident who had passed away remained in their home as chosen by the residents who lived there. This was a quiet retreat to remember them and their love of gardening.

Inspectors met with three of the four residents living in the centre on the inspection day. Residents had attended their day services on the inspection day. Staff members made residents their dinner when they returned to their home. Chatting and laughing could be heard as residents sat in the kitchen with staff as dinner was being prepared. At this time, staff updated the accessible staffing rota in the centre. As a result, residents were discussing the staff that were on duty in the coming days. It was evident that the residents knew the staff that worked in their home as they chatted about staff members. One resident was heard saying that the staff on duty were 'two lovely girls'.

One resident spoke to inspectors about their favourite band and their plans to see them in concert later this year. The resident enjoyed wearing clothing to reflect their music interests and this was observed on the inspection day through the resident's clothing choices. Staff noted that they had sourced a local print shop where the resident could design and have such items printed. It was evident that this was very important to the resident, and it was observed that their bedroom was also decorated with items to reflect this interest.

Audits in the centre noted that the residents were active members of their local community. Residents enjoyed going shopping, eating out in restaurants, and

attending classes in art, dance and mindfulness. The residents' home was located in an urban area with shops, restaurants and Cafés within walking distance. One resident told inspectors that they met a friend once a week in a local Café for a 'cappuccino and a bun'. Another resident was supported to make a hair appointment, with staff writing the date and time on a post-it note for the resident to remind them of their upcoming appointment. Residents had been for a hotel spa break which they enjoyed. Staff also noted that there were weekly social dances that took place, with residents sometimes deciding to stay overnight at the hotel after a night of dancing.

Residents were observed to be relaxed in their home. One resident told inspectors they enjoyed getting comfortable and watching the soaps in the evenings. At all times, interactions between staff and residents were kind and respectful. The provider had sought the views of residents and their representatives about life in their home as part of the centre's annual review. One relative stated their family member had 'a positive relationship with the staff and gets out and about frequently'. It was evident that residents appeared very happy in their home. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

The findings of this inspection indicated that management systems in place in the centre ensured that residents received a safe service in their home. The registered provider noted that there were plans for potential residents to transition into the designated centre, and that they were awaiting an allocation of resources before these persons were offered one of the centre's four vacancies. Assessments were being completed at the time of this inspection to ensure the centre was suitable to meet the needs of these potential residents. It was noted that one resident who was currently living alone was looking forward to having housemates.

A clear governance and management structure was in place at the time of the inspection. The person in charge was allocated 19.5 hours each week to complete administrative duties aligned to their role as person in charge. The person in charge also worked in the centre providing direct care and support to residents which meant they knew them well, and they could supervise the care provided to residents by the staff team.

Staff supervision meetings took place regularly in both houses of this designated centre. The most recent record of staff supervision meetings was dated in January 2026, with the next meeting scheduled to take place in June 2026. Monthly meetings were held between the person in charge and their line manager.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of a continuous professional development programme. Inspectors reviewed the staff training matrix for seven staff across both houses. The matrix listed all of the mandatory training required by the regulations. All staff had attended their mandatory training within the two past two years. In addition, there were other training programmes provided to staff. For example, training was undertaken in dysphagia, restrictive practices and human rights, medication management, manual handling and infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

An annual review of the quality of care and support provided to residents living in the centre had been completed in October 2025. This included a review of the changing needs of residents and how staff were supporting residents to meet these. This review also included consultation with residents and their representatives as required by the regulations.

In addition to the annual review, six-monthly unannounced visits were completed by management in the centre. The most recent of these audits had been completed in June and November 2025. Audits were noted to be comprehensive in nature, with actions plans being developed to identify areas for improvement. It was also observed that a number of these actions had been progressed and completed.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had not ensured that the complaints procedure for residents accurately outlined the complaints process. Two accessible complaints procedures were available to residents in a prominent location in the residents' home. However, both procedures contained different details. For example, one stated that staff will try to resolve the complaint within two days and if this did not reach resolution that staff would refer this to the complaint's officer who would attempt to rectify the

issue within 30 days. The second procedure stated staff would try to resolve the complaint in one day and if unsuccessful would attempt to resolve in a further three days. This second procedure also referenced a complaint's officer who had not been in this role for a number of years. This required review to ensure the accessible procedure accurately reflected the organisation's complaints procedure.

Inspectors completed a review of the centre's complaints log. A resident had been supported to make a complaint in August 2025. It had not been documented on the complaint that the complaint had been closed to the satisfaction of the complainant. This was noted to be an administrative error and was rectified on the day of the inspection.

Judgment: Substantially compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. It was evident that residents received person-centred supports in their home.

Staff noted that one resident had been refusing a number of interventions at the time of the inspection. Multi-disciplinary support had been sought to support the resident whilst also respecting their choice to decline supports. Staff and management were reviewing their approaches with the resident to identify if this would better support them. For example, staff members told the inspector that they had brought the resident for a walk past their local hairdresser's premises. The hairdresser came out to say hello to the resident and offered them a wash and blow-dry which the resident then accepted. The staff team noted that this had been a positive step in identifying how to support the resident in a person-centred way.

Residents' personal plans evidenced that residents were consulted about things that mattered to them. This included places they would like to visit, and developing and maintaining relationships with loved ones. They also included details of what was important to the residents. For example, for one resident knowing the staff on duty was important to them and they were supported to update the accessible staff rota on the inspection day.

Regulation 17: Premises

Both of the houses in the designated centre were generally in a good state of repair. There was a maintenance log identifying issues that required attention including painting works, flooring replacement and kitchen cabinet replacement. Inspectors

noted some minor issues that required attention such as a broken kickboard in one kitchen and duct tape used as a temporary repair on a kitchen floor.

There was adequate storage available for residents, both in communal areas and in bedrooms. Each house was clean and pleasantly decorated, with photographs of the residents, along with their families and friends, throughout the house.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents received support as they transitioned between residential services. Following a medical event, a resident moved to another centre for rehabilitation. Transition meetings were held with the multi-disciplinary team where the resident was provided with photographs of the centre they were moving to and it was documented that they were happy to stay there. It was planned that the resident would transition home when recovered with changes being made to their home to facilitate this. However, following an assessment the stairs in the resident's home was identified as an issue as the resident needed to use this to access the bathroom. It was evident that management consulted with the resident who chose to stay permanently in the centre they had moved to for rehabilitation, and it was documented that they were happy with this.

The person in charge had ensured that relevant information was being provided to the receiving hospital when a resident was temporarily absent from their home due to hospitalisation. At the time of the inspection, one resident was in hospital following a medical event. Staff and management who knew the resident well were supporting the resident in the hospital to ensure they received care in line with their assessed needs.

Judgment: Compliant

Regulation 28: Fire precautions

Both of the houses in the designated centre had comprehensive records and documentation relating to fire safety measures. All fire safety equipment and alarm systems had been maintained appropriately by a competent professional. There were also records of daily and weekly checks carried out by staff to ensure fire safety equipment was functioning correctly.

Each resident had a personalised emergency evacuation plan. The person in charge also ensured that regular fire drills were conducted. Records showed that fire drills

took place at least every four weeks. Inspectors were satisfied that the drills were conducted to reflect potential emergency scenarios in terms of the time of day and the number of residents and staff present.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines were prescribed by their general practitioner (G.P). The dose, route and time of administration was documented on the residents' medicines prescription records to guide staff on the administration of their medicines. Where residents were prescribed PRN medicines (medicines taken only when needed), the reasons for administration and the maximum dose in 24 hours were clearly documented.

Residents' medicines were stored in a secure area. When liquid medicines were opened, the date of opening was recorded to ensure it was disposed of once expired. It was also documented when a resident's medicines were provided to the hospital responsible for their care whilst they were admitted there.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were detailed personal plans in the designated centre for each resident. The plans described each residents health and support needs, and care plans to guide staff in providing appropriate care. Inspectors reviewed the personal goals of some residents. It was clear that the person in charge and the staff team worked with residents to identify personal goals and then work towards achieving those. One residents expressed a wish to improve the management of their own finances and to engage in more social activities. Subsequent records for this resident showed that they were to undertake a course in money management. There were also several instances of social outings recorded. This was evidence that goals were identified and also actively worked on by staff in collaboration with residents. The file for one resident did not include any personal goals but this was because the resident in question did not wish to engage in the process. It was evident staff members had supported the resident's choice.

Judgment: Compliant

Regulation 6: Health care

Resident's with an assessed health care need had a care plan to guide staff on how to support them with this. It was evident that residents were also supported to receive treatment from appropriate specialists and professionals as recommended. When one resident required specific treatment, this was discussed with the resident to ensure they understood the reasons for this treatment and what would occur when receiving this treatment.

In addition to this, residents' choices to refuse medical treatment was also respected. One resident regularly declined to adhere to the diet recommended for their medical diagnosis. Staff supported the resident to adhere to this treatment program when they chose to, but also respected their right not to adhere to this when they chose to do so.

Residents were supported to engage in national screening programmes if they would like to. This was documented in their personal plans.

Judgment: Compliant

Regulation 8: Protection

There were no open safeguarding plans in the centre at the time of the inspection. The inspectors reviewed the documentation relating to three previous allegations of suspected abuse. It was evident that these had been investigated and reported in line with the provider's policy on the safeguarding of residents. Inspectors were assured that residents were safe in their home and protected from potential abuse.

Intimate care plans had been developed with residents. This clearly outlined the level of supports required to meet the hygiene needs of residents, and to support their independence.

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
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Residential Service Limerick Group H OSV-0005295

Inspection ID: MON-0043397

Date of inspection: 29/04/2026

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The correct updated complaints procedure was put in place the day of the inspection and the outdated versions were removed from the house. An email was sent to all areas on the 29.04.2026 to ensure that the most up to date information was available to the residents. The complaint which had not been closed off was amended on the day to reflect that the complainant was satisfied with the outcome. This was discussed with all PICs at governance meeting with service manager on 19.05.2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The service manager met with the Maintenance manager on 30.04.2026 to discuss the works required to be completed, priority schedule in place and these works are scheduled for completion by 31.03.2027.	

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.	Substantially Compliant	Yellow	31/03/2027
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	19/05/2026