

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 V
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	14 October 2025
Centre ID:	OSV-0007963
Fieldwork ID:	MON-0048620

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 V is a designated centre operated by Avista CLG. The designated centre provides a community residential service to a maximum of eight adults with a disability. The centre comprises of two purpose-built detached bungalows. The two houses are located in close proximity to each other in an urban area in County Tipperary close to local amenities such as pubs, hotels, cafes, shops and local clubs. Each house comprises of a large open plan sitting room/dining area and kitchen, sitting room, utility room, four en-suite individual bedrooms and one shared bathroom. There are garden areas provided for the residents to avail of as they wish. The staff team consists of clinical nurse managers, staff nurses and care assistants. The staff team 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:	8
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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
Tuesday 14 October 2025	09:50hrs to 17:10hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations with a specific focus on safeguarding. This inspection was carried out by one inspector over one day.

The inspector had the opportunity to meet with the eight residents over the course of the inspection. Seven out of the eight residents attend a day service, which operates from their home during the week with one resident being supported by the residential staff team to engage in activities. The residents used alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. The inspector also met with the person in charge, clinical nurse manager and three staff members.

On arrival to the first house, the inspector met with two residents in the open plan kitchen/dining and living room. One resident was as watching TV in the living room and appeared content. The second resident was being supported to have breakfast and was observed to be well presented with matching jewellery. The inspector was informed that the two other residents had already left the centre to attend a reflexology session. Later in the morning, the inspector observed the staff team supporting the residents to access community. In the afternoon, the four residents were home and supported to have lunch. This was observed to be a positive homely experience.

In the afternoon, the inspector visited the second house. The inspector met with three residents in the sitting room who were listening to music after day service. The residents welcomed the inspector and were observed interacting positively with the staff team. One resident showed the inspector a number of cassette tapes which were important to her. One resident was in their bedroom relaxing and briefly met with the inspector and person in charge. They were observed smiling as they listened to music and indicated that they were comfortable through vocalisations. Overall, The residents in both houses appeared comfortable in their home and in the presence of the staff team.

The inspector carried out a walk through of the two houses accompanied by the person in charge. As noted, the centre comprises of two purpose-built detached bungalows located beside each other. The houses were similar in layout and comprised of a large open plan sitting room/dining area and kitchen, sitting room, utility room, four en-suite individual bedrooms and one shared bathroom. Overall, the centre was decorated in a homely manner with residents' personal possessions throughout the centre and a number of Halloween decorations. All residents had their own bedrooms which were decorated to reflect the individual tastes of the resident. While there was some slight wear and tear observed in areas of one of the premises such as damaged paint on skirting boards and door frames, this had been self identified by the person in charge and provider. Each house had access to a

vehicle to support residents with community-based activities.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. However, some improvement was required in the day services arrangements for one resident.

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

Capacity and capability

There was a clearly defined management system in place which ensured the service provided quality safe care and was effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a clear management structure in place. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review, provider unannounced six-monthly visits and local audits. The quality assurance audits identified areas for improvement and action plans were developed in response.

The inspector reviewed the staff roster and found that the staffing arrangements in the designated centre were in line with residents' needs. Staff training records were reviewed which indicated that the majority of the staff team were up-to-date with their training needs and refresher training was booked where required.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was responsible for one other designated centre and was supported in their role by a clinical nurse managers.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The

person in charge maintained a planned and actual roster. From a review of the rosters for September and October 2025, the inspector found that there was a core staff team in place which ensured continuity of care and support to residents. At the time of the inspection, the designated centre was operating with one staff member on approved leave. This was covered by the existing staff team and regular relief and agency staff.

During the day, the eight residents were supported by six residential staff members. At night, two waking-night staff and two sleep-over staff were in place to support the eight residents across the two houses. In addition, the residents were supported during the week by day service staff and household staff.

The last inspection found that the staffing arrangements required review as one resident was assessed as requiring one-to-one engagement in line with the behaviour support needs. The inspector was informed that the provider had funding in place, successfully recruited to fill this vacancy and the staff member was due to start working in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the majority of the staff team in the centre had up-to-date training in areas including safe administration of medication, safeguarding, fire safety and de-escalation and intervention techniques. While two staff required refresher training in manual handling, the inspector was informed that the refresher training had been booked at the end of the inspection. In addition, specific training in line with the residents needs had been provided to the staff team including feeding, eating and drinking supports and administration of oxygen. This meant that the staff team had up-to-date knowledge and skills to meet the assessed needs of residents.

There was a supervision system in place and all staff engaged in formal supervision. From a review of three staff records, it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The

person in charge reported to a Clinical Nurse Manager 3, who in turn reports to the Service Manager. As noted, the person in charge was responsible for one other designated centre and was supported in their role by clinical nurse managers.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to residents' needs. The quality assurance audits included the annual review 2025 and six monthly provider visits. In addition, there were local audits completed in personal plans, finances and health and safety. The audits identified areas for improvement and action plans were developed in response. For example, the annual review identified the need to review the day service arrangements in place for one resident. This was in process at the time of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre for the period January 2025 to October 2025 and found that the Chief Inspector of Social Services was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the service provided person centred care and support to the residents in a homely environment which ensured that each resident was supported to enjoy a good quality of life. However, the arrangements for one residents day service required review.

The inspector reviewed a sample of the eight residents personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the resident with their personal, social and health needs. However, the arrangements in place to support resident to access day services required review.

Safeguarding concerns were being identified, reported to the relevant authorities and managed well within the centre.

Regulation 10: Communication

The residents used alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. Each residents' communication needs were outlined in their personal plans which guided the staff team in communicating with the resident. Communication passports developed in consultation with speech and language therapist were in place and a sample reviewed demonstrated that they were personalised to the individual. The staff team spoken with demonstrated a clear understanding and knowledge of the residents communication methods and were observed communicating with residents throughout the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector reviewed the systems in place to support the resident to manage their finances. The inspector found that there were appropriate local systems in place to provide oversight of monies held by the resident physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and daily checks on the money held in the centre. The inspector checked the balance of two residents wallets and found that they matched the daily check.

In addition, each resident had an account in their name with a financial institution and there was evidence of monthly reconciliation of income and expenditure against financial statements. This meant that the provider could demonstrate how they were assured that all resident monies and savings were appropriately accounted for.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The designated centre was decorated in a homely manner and generally well maintained. The resident's bedrooms was decorated to reflect their individual tastes.

The previous inspection identified that the arrangements in place for suitable storage required improvement. For example, large personal assistive equipment were observed stored in the sitting room of both houses. This had been addressed. The inspector was informed the inspector that assistive equipment was stored in

residents bedrooms when possible and removed some larger pieces of furniture.
Judgment: Compliant
Regulation 26: Risk management procedures
<p>The registered provider ensured that there were systems for the assessment, management and ongoing review of risk. The inspector reviewed the risk register and found that general and individual risk assessments were in place. The inspector reviewed a sample of risk assessments including medication management, behaviour and feeding, eating and drinking. The risk assessments were up to date and reflected the control measures in place.</p>
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
<p>Each resident had a comprehensive assessment of needs in place which identified the resident's health, social and personal needs. The assessment informed the residents' personal plans. The inspector reviewed the a sample of residents' personal files and found that they appropriately guided the staff team in supporting the residents with their identified needs, supports and goals.</p> <p>However, as noted, seven out of the eight residents attend a day service, which operates from their home during the week with one resident being supported by the residential staff team to engage in activities. The provider's last six monthly audit and annual review identified the need to review this arrangement.</p>
Judgment: Substantially compliant
Regulation 7: Positive behavioural support
<p>Residents were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. The behaviour support guidelines outlined proactive and reactive strategies to support the resident. Residents were supported to access psychology and psychiatry as required.</p> <p>There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre including all-in-one suits and audio visual monitors. Records demonstrated that the restrictive practices were appropriately identified, assessed and reviewed to</p>

ensure they were the least restrictive practice in place. For example, restrictive practices were seen to be reviewed every three months within the centre and annually at multi-disciplinary meetings. There was also evidence of a trialled reduction of one restrictive practice.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. The inspector reviewed a sample of incidents and accidents occurring in the designated centre for January 2025 to October 2025 and there was evidence that incidents were appropriately managed and responded to. At the time of the inspection, there was one recent safeguarding concern identified which was being responded to appropriately.

The staff team had up-to-date training in safeguarding vulnerable adults and were aware of the various types of abuse, the signs of abuse and their role in reporting and responding to concerns. The residents were observed to appear content and comfortable in their home.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to have choice and control in their daily lives. The service provided was lead by the residents and staff were supportive of their individual daily choices. The inspector reviewed a sample of minutes of the weekly meetings held with residents to discuss aspects of the service, the upcoming menu and planned activities. In addition, monthly advocacy meetings are also taking place.

From review of documentation, the use of professional and respectful language was used throughout residents assessments and plans.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially 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 V OSV-0007963

Inspection ID: MON-0048620

Date of inspection: 14/10/2025

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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>An Individuals Preference and Needs Assessment will be completed to identify the requirements for the individual and to be submitted to the MDT. Once agreed a funding application will be made.</p> <p>The issue was raised at the organizations ADT on the 04/11/25.</p>	

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 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/04/2026