



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

Issued by the Chief Inspector

Name of designated centre:	OCS-OHANA
Name of provider:	Avista CLG
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	19 January 2026
Centre ID:	OSV-0008502
Fieldwork ID:	MON-0044267

About the designated centre

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

This centre provides residential services for up to three children and young people with an intellectual disability aged between 8 and 18 years . If the young person is over 18 years old, but still in formal education, the young person will reside until the end of their final year of second level education. Care and support is provided by a health and social care team, with clinical supports from the provider's children's disability network team, and the child and adolescent mental health service if required. Where the young person is over 18 years of age they will receive support from adult services multi-disciplinary team. The centre is located in a rural setting and is within close proximity to a number of towns. The centre comprises a two bedroom bungalow and adjoining one bedroom apartment, and there are large front and rear gardens with play equipment provided. The centre has it's own transport, and residents are supported to access local community amenities, as well as schools and day services. The centre is managed person in charge, and there are social care workers and health care assistants employed in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 19 January 2026	09:40hrs to 17:30hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The purpose of the inspection was to inform the decision-making process in relation to the renewal of the registration of the designated centre for a further three-year period. The findings demonstrated sustained compliance and an ongoing commitment to quality improvement, supporting the recommendation that registration be renewed. One area identified for improvement was the recruitment of permanent staff. At the time of inspection, the centre was operating with a reduced staffing complement and a number of vacancies. Recruitment efforts were ongoing, and the provider described challenges in filling posts

The designated centre is situated in County Meath and is registered to accommodate three children. The premises are divided into two distinct areas. The main house is a spacious property that can accommodate two residents and comprises two bedrooms, a bathroom, a separate toilet, and a staff office. Communal facilities included a large kitchen and dining area, a separate sitting room, and dedicated laundry and storage facilities. Residents also had access to a large, well-maintained garden. An attached apartment provides accommodation for one resident and comprises a bedroom, kitchen, living area, and bathroom. This apartment also had access to a separate, private garden area, supporting the resident's privacy and independence.

Since the previous inspection in October 2024, the provider had applied to vary the conditions of registration to change the designation of the centre from a mixed service to a children-only centre. This application followed the successful transition of one resident from the centre. On the day of the inspection two children were living in the centre and there was one vacancy.

The inspector met briefly with both children during the inspection while they were engaged in activities with support staff or relaxing in their bedrooms following returning from school. While the children did not choose to engage directly with the inspector, they appeared happy and content in their surroundings. They were observed to be comfortable within their environment and responded positively to staff interactions, including smiling and seeking reassurance from staff. One child who was using their laptop in their bedroom. The bedroom was personalised with items of interest and toys and was maintained at a temperature that reflected the child's preferences and comfort.

One child lived in the apartment attached to the main house. The inspector found the apartment was decorated in line with the resident's individual preferences. The sitting room contained personal belongings and family photographs, contributing to a personalised and comfortable living space. The apartment was observed to be clean and well-maintained. A large trampoline was located at the front of the

apartment, and staff confirmed that the young person used this regularly as part of their daily routine.

The management team had identified the need for more child-centred policies and procedures, as well as the provision of easy-to-read information to support children's understanding and participation. The inspector observed that child-friendly and accessible information was displayed throughout the centre, including on walls and in areas accessible to children. This information supported meaningful engagement on topics relevant to children's daily lives, such as choices around hairstyles and personal preferences. For example, the menu plan was visible in the kitchen with an easy-to-read version beside it. The two menus differed, reflecting each individual's personal preferences.

Residents were supported to maintain relationships with their families through regular visits both within the centre and to their respective family homes. It was found that residents and, where appropriate, their representatives were consulted and kept informed in relation to decisions affecting the day-to-day running of the centre. While the inspector did not have an opportunity to meet with relatives during the inspection, residents' families expressed satisfaction with the care and support being provided to their loved ones in questionnaires.

In addition, the provider sought feedback from families as part of the annual review of the quality and safety of the centre. Family members were provided with the opportunity to complete a family satisfaction survey. Two surveys were returned, and feedback indicated that both family members were satisfied with the care and support provided by the service. One family member commented that they were reassured the resident received care as they would provide. Another family member stated, "I am extremely happy with the quality of care and support provided."

The inspector also reviewed feedback provided by families using questionnaires submitted to the centre by the office of the Chief Inspector in advance of the inspection. Family members reported that children were happy and settled in their home environment. One family member noted that the child had their own apartment and expressed that this was highly valued and contributed positively to the child's sense of independence and wellbeing. Feedback indicated improvements in children's health and lifestyle since moving to the centre. One family member highlighted a noticeable positive change in a child's eating habits, reporting that meals were healthier and that the child appeared to enjoy the food provided. Some family feedback noted that, on occasion, children were supported by staff who were less familiar to them. However, overall, families described staff as caring, attentive, and respectful.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

The provider demonstrated clear governance and management arrangements, with effective oversight, quality assurance systems, and a suitably qualified person in charge in post. While interim measures supported the safe operation of the centre, the provider had not demonstrated sufficient capacity to maintain sustainable staffing levels in line with the statement of purpose

A new person in charge had been appointed in September 2025. The person in charge was found to be competent and possessed the appropriate qualifications and management experience to effectively manage the centre and to ensure it operated in line with its stated purpose, aims, and objectives.

The inspector reviewed staffing rosters, staffing records, and information provided by the person in charge in relation to staffing arrangements in the centre. While a staffing roster was in place, it was found that the centre was operating with a significant number of vacancies at the time of inspection. The provider outlined the ongoing challenges in recruiting and retaining permanent staff for the centre. The inspector was informed that recruitment efforts were active and ongoing; however, despite these efforts, a significant number of vacancies remained unfilled at the time of inspection. Some vacancies had been in place since June 2025, and the reliance on temporary staffing arrangements to mitigate these shortfalls impacted the provider's ability to demonstrate that staffing arrangements were sustainable and fully aligned with the centre's statement of purpose.

A clearly defined management structure was in place which outlined lines of accountability and responsibility. This ensured that staff were aware of their roles and to whom they were accountable. The person in charge reported to the Clinical Nurse Manager 3 (CNM 3), who in turn reported to the Service Manager. Management were actively involved in the oversight of the service and were visible within the centre, ensuring they were known to residents. Appropriate feedback mechanisms were in place to support communication and service improvement. A compliance action monitoring log was in place and was used to track actions arising from provider audits, the annual review of the quality and safety of care, and inspections.

In response to the complex needs of residents in the centre, bespoke training had been provided in safeguarding and in supporting individuals' emotional wellbeing. Staff supervision was formally carried out twice yearly, with additional informal supervision provided through the person in charge's regular on-site presence.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to assess the provider's application to renew the registration of the designated centre. The inspector reviewed the documentation submitted as part of the renewal application, including the statement of purpose and

supporting information required under Schedule 1 of the Regulations. The inspector found that the provider had submitted a complete and accurate application for renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information submitted by the provider in respect of the person in charge, as required by the Regulations. This documentation demonstrated that the person in charge met the regulatory requirements in relation to experience and qualifications for the role.

The person in charge was employed in a full-time capacity and held responsibility solely for this designated centre. During the inspection, they demonstrated a comprehensive knowledge of the individual care and support needs of the three residents and maintained effective oversight of the day-to-day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

While the provider demonstrated ongoing efforts to recruit permanent staff, these had not yet resulted in a stable staffing complement at the time of inspection.

The centre's statement of purpose outlined that a staffing complement of 10 whole-time equivalent posts was required to operate the service. At the time of inspection, the centre was operating with six vacancies, some of which had been in place since June 2025.

Where gaps in staffing arose, agency staff were utilised, including for 24-hour cover when required. While the service had an agreement in place with an agency provider and copies of required documentation were available, the reliance on agency staff reduced continuity of care for residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Overall, the training needs analysis provided evidence of effective planning, monitoring, and oversight of staff training, supporting staff to have the appropriate knowledge and skills to meet the assessed needs of the residents and to deliver safe, child-centred care.

The inspector reviewed the training needs analysis for the centre, which had been completed for 2026 and was specific to the service. The document clearly identified the current staffing complement, including whole-time equivalent allocations, and outlined both mandatory and site-specific training requirements for staff working in the centre. Oversight arrangements were clearly outlined, with responsibility assigned to the person in charge. A review schedule was in place, with provision for quarterly review and sign-off by the person in charge and the training department.

Mandatory training requirements, including record management, clinical documentation, and infection prevention and control, were clearly identified. In addition, site-specific training needs relevant to the assessed needs of the children living in the centre were documented, including training on neurodiversity, children's rights, toileting programmes, nutrition, and decision-making for children in designated centres.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a range of records required under Schedule 3 and Schedule 4 of the Regulations. Records examined included residents' personal plans, healthcare documentation, staffing records, training records, and governance and management documentation.

All records reviewed were found to be well organised, up to date, and readily accessible. Records were maintained in a clear and structured manner, which supported ease of retrieval and effective oversight.

Judgment: Compliant

Regulation 23: Governance and management

The findings from the inspection demonstrated that the provider had effective systems in place to monitor quality and safety, identify areas for improvement, and implement actions in a timely manner.

The inspector reviewed the six-monthly unannounced provider audit completed in October 2025 and found it effective in identifying areas for improvement within the centre. In addition, management demonstrated a proactive approach to continuous

quality improvement by independently identifying areas requiring development, including the introduction of more child-centred personal plans and the use of easy-to-read documentation.

Actions arising from these reviews were clearly identified, with responsibility assigned to named individuals and target timeframes documented. The inspector observed that a number of actions had been completed at the time of inspection. These included the updating of the training matrix, the revision of contracts of care, the completion of up-to-date hospital passports, and the review and updating of risk assessments.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the centre's admission, transition, and discharge procedures, which were dated December 2025. One resident had transitioned out of the centre in June 2025, and the associated vacancy had not yet been filled, as consideration was being given to resident compatibility.

The policy also reflected the need to balance effective transitions into children's residential services with appropriate planning, including ensuring that transitions to adult services were timely, well-planned, and responsive to residents' assessed needs.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose clearly described the centre's aims and objectives, the services provided, the governance and management arrangements in place, and the staffing complement required to operate the centre. It accurately reflected the current designation of the centre, the number of residents accommodated, and the physical layout of the premises. An amendment required to the admission criteria of the centre to align with provider policy and made and submitted post inspection.

Judgment: Compliant

Quality and safety

Overall, systems were in place to support the quality and safety of care provided to children living in the centre, including safeguarding, risk management, and health and wellbeing supports. While many risks were identified and managed appropriately, gaps were noted in the recording and review of some risks and incidents.

The inspector found that the premises were suitable for their stated purpose and met the needs of the children living in the centre. The house and associated apartment were observed to be clean, well maintained, and presented in a homely and child-friendly manner.

Individualised personal plans were in place and included information relating to children's wellbeing, emotional support needs, and developmental goals. Where children had additional or complex needs, appropriate supports and interventions were identified, and staff had access to relevant training to support effective care delivery. The inspector observed positive and respectful interactions between children and staff. Children appeared relaxed and comfortable in their surroundings and responded positively to staff support. Staff demonstrated a good understanding of the children's communication styles, emotional needs, and routines, which supported consistency and emotional security.

Both individuals were supported by an individualised personal plan. Staff advised that each person's emotional wellbeing was promoted as part of their individual wellbeing plan, and this was reflected in the associated documentation.

Regulation 13: General welfare and development

The inspector found that children living in the centre were supported in a manner that promoted their general welfare and development. Care and support were delivered in a child-centred way, with due regard to each child's individual needs, preferences, and stage of development.

Children were supported to engage in age-appropriate activities that reflected their interests and abilities. Opportunities for play, relaxation, and education were evident, both within the centre and through access to community-based activities, as appropriate. The physical environment was observed to be warm, welcoming, and suitably equipped to support children's comfort, safety, and wellbeing.

Judgment: Compliant

Regulation 17: Premises

The layout of the premises supported children’s safety, privacy, and individual needs. Each child had access to their own personal space, which was appropriately furnished and personalised in line with their preferences. Bedrooms were observed to contain personal belongings, items of interest, and toys, contributing to a sense of ownership and comfort.

The house and the attached apartment were observed to be clean, well-maintained, and presented in a homely manner. Since the previous inspection in 2024, the garden had been renovated and now included a fully decked outdoor space with seating and recreational equipment. This area was observed to be spacious and accessible and supported children to engage safely in outdoor activities.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, the inspector found that risk management arrangements were in place to identify, assess, manage, and review risks in a manner that promoted the safety, welfare, and wellbeing of children living in the centre. However, some risks observed during the inspection had not been included in the centre’s risk register, and a number of incident reports required post-incident review to ensure learning and appropriate follow-up.

The inspector reviewed risk management systems, incident records, and related documentation in the centre. A range of risks relevant to the needs of the children living in the centre had been identified and were recorded on the centre’s risk register, which had been reviewed and updated for Quarter 1 of 2026. Health-related risks were actively monitored and managed. Records showed ongoing engagement with healthcare professionals, including dietetic input, blood monitoring, vision checks, and referrals to specialist services. Safeguarding and safety risks associated with transport, fire safety, and community access were also recorded and reviewed. The greatest risk facing the centre was the ongoing difficulty in recruiting staff, which required escalation to provider-level oversight. Additional risk mitigation measures were required to manage the impact of staffing shortfalls and to ensure the safe and sustainable operation of the service.

Some incident reports reviewed by the inspector required managerial review and additional input to ensure appropriate mitigation measures were implemented to reduce the risk of recurrence.

Environmental and individual risks were identified and managed through appropriate control measures. These included adaptations to the physical environment to reduce impact on other residents, the use of individualised alarm arrangements, and tailored supervision arrangements. Falls risks had been assessed, with appropriate responses implemented, including referrals for orthotic supports and clinical review where required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A person-centred personal plan template was in use and was observed to be highly visual and child-friendly, clearly explaining care needs, goals, and supports in an accessible format. Social stories were in place to support children to understand and prepare for changes and routines, including family contact, daily routines, holidays, school closures, and changes to transport arrangements. One child's plans were presented visually on a canvas, while another preferred to receive their plans via email, reflecting an individualised and flexible approach. Children's interests and goals were clearly reflected in their plans and included participation in activities such as cycling clubs, arts and crafts, train journeys, and visits to local markets.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed individual wellbeing plans developed to support children's emotional needs. Plans included clear communication strategies and preventative approaches. Plans focused on developing skills, participation in activities, sensory regulation, and the use of distraction and grounding techniques.

To support effective communication, guidance and scripts were available to staff to ensure that requests from children were responded to in a consistent and appropriate manner, tailored to each child's communication needs.

Oversight of the implementation of the wellbeing plan was provided through audits completed by the Clinical Nurse Specialist, and one-to-one support sessions were in place for staff to ensure consistent and effective implementation of agreed strategies.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed safeguarding procedures and related documentation in the centre. Clear processes were in place, in line with national guidance and organisational policy, to support the reporting, management, and follow-up of child protection and welfare concerns.

A protocol was in place to guide staff in responding to any unexplained bruising, ensuring that appropriate action and reporting pathways were followed.

Both children were accommodated in separate areas of the centre, which supported their individual needs and enhanced safeguarding arrangements. Safeguarding incidents within the centre were reported to be low.

Compatibility was identified as a key consideration in admission planning, including in relation to the remaining vacancy in the centre. This approach supported the protection, safety, and wellbeing of children living in the service.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for OCS-OHANA OSV-0008502

Inspection ID: MON-0044267

Date of inspection: 19/01/2026

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: OHANA Staffing vacancies risk assessment completed and added to Risk Register. Posts for Social Care Workers (SCW) & Health Care assistant (HCA) posts readvertised by Avista HR. Change to advert for posts specifying Meath location on advert as identified as barrier in recruitment process. A new advertisement is now live for both SCW and HCA. PIC collaborating with Children's Services Manager and Avista HR to plan for future recruitment days for OHANA Children's Residential. The HR department are running a targeted recruitment drive to address staffing in the designated centre. Redeployment of staff within Children's Services during high peak times such as school holidays to assist with continuity of care whilst ongoing recruitment continues. </p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk assessment completed by PIC, with oversight from PPIM & Children's Services Manager, regarding staff vacancies in OCS-OHANA. Evident on OHANA risk register and escalated to provider risk register. Control measures include on-going engagement with local HR on the recruitment of staff and allocation of staff within Children's services to OHANA during holiday peak times. PIC & PPIM have completed a post-incident review of outstanding incident reports. System in place to review all incidents at Children's Services Health & Safety meeting scheduled every 6-8 weeks. Children's Services Manager and PPIM / CNM3 meeting on the 23rd of February 2026 to discuss compliance within Children's Services regarding systems to review incidents in a timely manner to ensure learning and appropriate follow up. Agreed to formulate a local policy, procedure and guideline in the form of a flow-chart for Children's Services to ensure compliance with Avista Policy DOCS 010 Incident Management Policy. Discussed on 19th of March 2026 at Children's Services Health & Safety Meeting. PIC has learning from incidents as a standing Agenda item at OHANA staff meetings. </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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	01/07/2026
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	26/03/2026