



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

Issued by the Chief Inspector

Name of designated centre:	Laverna Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	07 July 2026
Centre ID:	OSV-0008603
Fieldwork ID:	MON-0041545

About the designated centre

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

The Laverna Group provides support for a maximum of six adult residents with a disability. The level of dependency of residents are categorised as low to moderate support requirements. These include residents who are very independent and require minimal supports to those who require ongoing support from staff. The designated centre comprises of two houses located in Co. Dublin a short drive apart. Both houses have access to centre vehicles. Residents are supported by a team of social care workers and healthcare assistants, managed by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 7 July 2026	09:00hrs to 17:00hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This announced inspection was conducted to assess the provider's compliance with regulations and to inform the decision regarding the renewal of the designated centre's registration. From what residents told us and the inspector observed, it was evident that residents living in this centre were treated with dignity and respect, were happy, and felt safe living in their home. The inspection had positive findings, however, improvements were required pertaining to Regulation 15: Staffing, Regulation 7: Positive behavioural support, and Regulation 28: Fire precautions.

The inspection was conducted over a single day by one inspector. The person in charge facilitated the inspection by speaking with the inspector and promptly providing all requested documentation. The designated centre was comprised of two houses, each registered to accommodate three residents. At the time of inspection, two residents were living in one house with one vacancy, while two residents were living in the second house with one vacancy. The inspector visited both homes that made up the designated centre, and had the opportunity to meet and speak with two residents.

Care and support to residents was provided by a team of social care workers and healthcare assistants. At the time of this inspection, the designated centre was operating with a 2 whole time equivalent (WTE) deficit. The registered provider had suitable contingency plans in place and a small panel of relief and agency staff were used to cover vacant shifts. The designated centre was managed by a full-time person in charge. They were found to be suitably skilled, experienced, and qualified for their role. The person in charge was not supernumerary to the roster, however, they had a total of 19.5 protected management hours. The inspector found that the person in charge responded well to regulation, and they demonstrated they could meet their regulatory responsibilities.

The inspector completed a walkthrough of both houses that made up the designated centre accompanied by the person in charge. The first house visited by the inspector was comprised of three resident bedrooms (one had en suite facilities), a staff office, a staff sleepover room, a living room, a kitchen, a dining room, and two bathrooms. To the rear of the house was a well-maintained garden area and the designated centre had its own vehicle which was used to bring residents to various appointments and activities. The inspector noted that the house was clean and tidy. The living space was personalised and reflective of the residents' personalities and interests. For example, the inspector observed areas containing wool and knitting materials, arts and crafts, jigsaw puzzles, and digital devices. Each resident had their own bedroom, which was decorated according to their personal style and preferences. For example, bedrooms featured family photos, artwork, soft furnishings, and memorabilia that reflected their individual tastes and interests.

The inspector had the opportunity to meet with one resident. The resident was friendly and appeared content and relaxed in the presence of the inspector. They were supported by a familiar staff team, who were knowledgeable of the resident's communication needs. The resident was being supported by staff to get ready to attend their day service program. Staff acted as a communication support partner for the resident who told the inspector they were happy. The inspector noted that staff working with the resident were attentive to their needs and it was evident they had built up a strong rapport.

The second house was comprised of three resident bedrooms (one had en suite facilities), a staff office / sleepover room, a kitchen / dining room, an office / living space, a living room, and two bathrooms. To the rear of the house was a well-maintained garden area. The inspector observed a storage shed which had recently been painted by one of the residents and a large colourful mural had been painted across the back wall. Each resident had their own bedroom, again decorated according to their personal style and preferences. Pictures of residents spending time with each other were displayed throughout the house, and the inspector noted a warm and calm atmosphere in the house.

The inspector had the opportunity to meet with one resident on their return home from their day service program. The resident was friendly and appeared happy and content. They had brought some artwork home and were keen to show it to the staff on duty. It was apparent that the resident had a good rapport with staff. They laughed and joked with staff on duty. The inspector noted that the resident had a bubbly and outgoing personality. They told the inspector they were happy living in their home and liked the staff that worked with them. They informed the inspector there was nothing they wanted to change about their home.

Residents had been made aware of the upcoming inspection, and were comfortable with the presence of the inspector in their home. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed all surveys completed, and found that feedback was generally positive, and indicated satisfaction with the service provided to them in the designated centre, including staff, choices and decisions, trips and events, and food. Comments made by residents included "I have fun with all staff especially my keyworker" and "I love when my Dad visits. He brings everyone presents".

The inspector did not have an opportunity to speak with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care completed for 2025, evidenced that they were happy with the care and support that the residents received.

The person in charge spoke about the high standard of care all residents received, and had no concerns in relation to the wellbeing of any of the residents living in the designated centre. Observations carried out by the inspector, interactions with residents, feedback from staff, and documentation reviewed provided suitable evidence to support this. Staff spoke with the inspector regarding the residents'

assessed needs and described training that they had received to be able to support such needs, including safeguarding and safe administration of medication. The inspector found that staff members on duty were very knowledgeable of residents' needs, and the supports in place to meet those needs. Staff were aware of residents' likes and dislikes and told the inspector they really enjoyed working in the designated centre.

From interacting with residents, and observing their interactions with staff, it was evident that they felt very much at home in the designated centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report will describe the oversight arrangements and how effective these were in ensuring the quality and safety of care.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that the designated centre was well governed and that there were systems in place to ensure that residents were safe and received a high-quality service. However, some minor improvements were required regarding Regulation 15: Staffing.

The person in charge was full-time and found to be suitably skilled, experienced, and qualified for their role. The inspector found that the person in charge responded well to regulation, and they demonstrated they could meet their regulatory responsibilities. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the designated centre. There was a regular core staff team in place and they were knowledgeable of the needs of the residents. The staffing levels in place in the designated centre were suitable to meet the assessed needs and number of residents living in the designated centre. However, improvements were necessary to the recording of agency and relief staff used to back fill vacant shifts.

The staff team were in receipt of regular support and supervision. They also had access to regular refresher training and there was a high level of compliance with mandatory training. Staff had received additional training in order to meet residents' assessed needs. The inspector spoke with a number of staff over the course of this inspection and found that staff were well-informed regarding residents' individual needs and preferences in respect of their care.

The registered provider ensured that the designated centre and its contents, including residents' personal property, was fully insured. The insurance coverage also included protection against risks within the designated centre, such as potential injury to residents.

The registered provider had established robust management systems to monitor the quality and safety of the service provided to residents. The governance and management frameworks in place were found to be operating at a high standard within the designated centre. The registered provider had prepared an annual report for 2025 on the quality and safety of care and support, which included consultations with all residents, their families and representatives. Additionally, the registered provider had conducted an unannounced visit in accordance with regulatory requirements and a comprehensive suite of audits was implemented covering key areas such as residents' medicines, resident finances, and fire safety.

There were contracts of care in place for all residents, which were signed by the residents. Contracts of care were written in plain language, and their terms and conditions were clear and transparent.

The registered provider had developed a comprehensive written statement of purpose which included all the information required under Schedule 1.

There were relevant policies and procedures in place in the designated centre, which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including guiding staff in delivering safe and appropriate care.

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.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application to the Chief Inspector of Social Services, requesting the renewal of the designated centre's registration.

The inspector reviewed the application prior to this inspection. All required information and documentation specified in Schedule 2 and Schedule 3 were included in the application.

Additionally, the provider ensured that the fee for renewing the registration of the designated centre, as outlined in Section 48 of the Health Act 2007 (as amended), was paid in full.

Judgment: Compliant

Regulation 15: Staffing

Overall, improvements were required to the recording of agency and relief staff used to back fill vacant shifts.

The designated centre was managed by a full-time person in charge. On the day of this inspection the registered provider ensured there were sufficient staffing levels with the appropriate skills, qualifications and experience to meet the assessed needs of the residents at all times, in accordance with the statement of purpose, and the size and layout of the designated centre.

The staff team was comprised of the person in charge, social care workers and healthcare assistants. The inspector examined the planned and actual staff rosters for April and June 2026. It was found that regular staff were employed ensuring continuity of care for all residents. At the time of this inspection the designated centre was operating with two whole time equivalent (WTE) deficit. However, the registered provider and person in charge had suitable contingency plans in place to ensure continuity of care to all residents. For example, a small panel of regular agency and relief staff were used to cover vacant shifts.

During the inspection, the inspector spoke with four staff members on duty and found that they were knowledgeable about the residents' support needs and their responsibilities in providing care. Residents were familiar with the staff and appeared very comfortable interacting and receiving care. It was clear that staff had developed and maintained therapeutic relationships with residents, helping them feel safe, secure and protected from all forms of abuse.

As previously mentioned, improvements were required to the recording of agency and relief staff used to back fill vacant shifts. For instance, there were a number of occasions in which the full name of the relief and agency staff or the agency used was not recorded. This required enhancement to ensure the provider and person in charge had easy access to accurate and up-to-date staff rosters.

The inspector reviewed information and documentation obtained in respect of all staff members employed in the designated centre as set out under Schedule 2. During this inspection the inspector reviewed all staff members' vetting disclosures in accordance with National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and found evidence that all staff members had up-to-date vetting disclosures on file.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had received appropriate training and education, ensuring they had the necessary knowledge and skills to effectively meet the residents' assessed needs. Review of the staff training matrix confirmed that all staff had completed a comprehensive range of training courses, ensuring they possessed the necessary knowledge and skills to effectively support residents. This included mandatory training in critical areas such as fire safety, managing challenging behaviour, and safeguarding vulnerable adults, indicating strong compliance with regulatory requirements.

In addition, and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, manual handling, hand hygiene, Children First, and food safety.

The registered provider and person in charge had appropriate supervision arrangements in place for all staff. All staff received support and supervision relevant to their roles from appropriately qualified and experienced personnel in line with the registered provider's established policy. As per the registered provider's established supervision policy, all staff were to receive supervision on a bi-annual basis. The person in charge maintained supervision records and schedules, and inspector reviewed three staff members' supervision records. The inspector noted that supervision meeting minutes included a review of each staff members' personal development, and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 22: Insurance

The designated centre was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance prior to the inspection and found that it ensured that both buildings and all contents, including residents' property, were appropriately insured.

In addition, the insurance in place also covered against risks in the designated centre, including injury to the residents living there.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had effective systems in place to ensure the delivery of a safe, high-quality service to residents, fully aligned with national standards and

guidance. To ensure residents received effective, person-centred care and enjoyed a high quality of life, the registered provider maintained appropriate resources. This included staffing levels aligned with residents' assessed needs and active multidisciplinary team participation in care planning.

The designated centre operated with a well-defined management structure, ensuring staff clarity regarding roles and responsibilities. The service was effectively managed by a capable person in charge, who possessed a thorough understanding of residents' and service needs, and had established structures in place to fulfill their regulatory obligations. Furthermore, all residents benefited from a knowledgeable and supportive staff team.

Effective management systems ensured the designated centre's service delivery was safe, consistent, and effectively monitored. A comprehensive suite of audits, covering health and safety, fire safety, residents' medicines, residents' support plans and finances, and maintenance, was conducted by the local management team. A review of these audits confirmed the audits thoroughness and their role in identifying opportunities for continuous service improvement.

An annual review of the quality and safety of care had been completed for 2025. The inspector completed a review of this and found that all residents, staff and family members were all consulted in the annual review. In addition, the inspector reviewed the action plan created following the registered provider's most recent six-monthly unannounced visit, which was carried out in May 2026. The action plan documented 15 actions and the inspector noted that the majority of actions were completed, effectively contributing to service enhancement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had a detailed admission, discharge and transfer (ADT) policy in place. The criteria used for admissions to the designated centre was clearly outlined in the designated centre's statement of purpose and also included information pertaining to emergency admissions.

There were contracts of care in place for all residents which clearly outlined fees to be paid. All contracts of care had recently been reviewed. and were signed by the residents. In addition, contracts of care were in easy-to-read format in line with residents' assessed communication needs.

The inspector reviewed four contracts of care which were made available on the day of this inspection, and found they each outlined the support, care and welfare of the residents in the designated centre and details of the services to be provided for them all of which aligned with residents' assessed needs, statement of purpose and the registered provider's established admissions policy. In addition, all residents had

on file up-to-date tenancy agreements, which clearly outlined the terms and conditions of renting their perspective property.

Judgment: Compliant

Regulation 3: Statement of purpose

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

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to the residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of both buildings that made up the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures are essential to guide staff to consistently provide safe and effective person-centred care. The inspector found that the registered provider had prepared written policies and procedures on the matters set out in Schedule 5, and these were available in for staff to refer to.

The inspector reviewed a sample of the policies. At a minimum, the registered provider ensured the policies and procedures required by the regulations were reviewed and updated where necessary every three years. It was found that the risk management policy had not been reviewed within three years. However, the inspector was informed and saw supporting evidence that this policy was currently under review and awaiting final approval by the registered provider.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre. Overall, the inspector found that residents had active and busy lives and were kept safe. However, improvements were necessary regarding Regulation 7: Positive behavioural support. Further improvements were also necessary regarding Regulation 28: Fire precautions.

The inspector noted that residents' personal possessions were respected and protected. Residents had easy access to and control over their clothing, and there were systems in place to ensure that residents' clothing and other items were laundered regularly, and were returned to them safely and in a timely manner. In addition, the registered provider ensured that effective systems were in place to routinely monitor and audit residents' finances in line with the registered provider's established policy.

Residents had active lives, and engaged in various social and leisure activities that were in line with their assessed needs, wishes, and preferences. All residents attended day service programs. Residents' rights were actively promoted within the centre. They were supported to participate in the organisation of the designated centre and to make decision about their own lives. For example, residents were supported to choose personal goals that were meaningful to them and in line with their personal interests.

The registered provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal emergency evacuation plans were reviewed regularly to ensure their specific support needs were met. However, improvements were required regarding fire assembly point signage.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, and ongoing oversight by the person in charge. Residents' needs and abilities to self-administer their medicines had been assessed, and associated care plans were prepared on the supports they required.

The registered provider had failed to ensure that residents with identified positive behavioural support needs had access to appropriate and structured supports. As a result, some residents were exhibiting high-risk behaviours, including instances of self-injury, and staff were left without the vital guidance or tailored support strategies required to effectively intervene and promote safer, positive outcomes within the designated centre. In addition, further improvements were required to ensure all restrictive practices in use were notified to the Chief Inspector, appropriately risk assessed, and reviewed by the registered provider's restrictive practice committee.

The registered provider and person in charge were endeavouring to ensure that residents living in the designated centre were safe at all times. Good practices were

in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal intimate care plans to guide staff, and the support of a designated safeguarding officer within the organisation.

Regulation 12: Personal possessions

The registered provider ensured there was an up-to-date "Management of the personal finances, property and assessment of the individuals the organisation supports" policy, procedure, and guidelines in place. This was reviewed by the inspector on the day of inspection and it was noted that it included appropriate information and guidelines for staff to follow when managing residents' finances and personal property.

The registered provider and person in charge recognised the importance of residents' property, and had created the feeling of homeliness to assist all residents with settling into the centre. The inspector noted that both homes that made up the designated centre were decorated to reflect residents' personal tastes and preferences, which created a pleasant and welcoming atmosphere.

The registered provider and person in charge had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard residents' finances and enable access to their monies. The inspector found that residents had assessments completed that determined the levels of support they required. For example, all residents had up-to-date financial assessments on file.

Each resident had their own bank account and regular audits were completed of monthly statements. The inspector reviewed a sample of financial records where residents received support from staff to manage their finances. Specifically, the inspector reviewed expenditure records for two residents from January to June 2026, and found that staff maintained records of all transactions, including the nature and purpose of transactions with supporting receipts and invoices.

Residents were able to access their possessions and property as required or requested. Records of residents' possessions deposited or withdrawn from safekeeping were maintained. For example, the inspector reviewed the resident personal property log for two residents, which was found to be accurately maintained and up-to-date.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to and opportunities to engage in activities that aligned with their preferences, interests, and wishes. A wide range of activities was available both within the designated centre and in the community, ensuring residents could participate in meaningful and enjoyable experiences.

Staff were cognisant of each resident's personal interests and preferences for activities, and ensured these were scheduled and planned for them. Residents were not unduly dissuaded or discouraged from exploring different activities and staff and management were observed to make every effort to facilitate residents' requests.

All residents attended day service programs and participated in a variety of activities while there. For example, some residents had monthly day service activity planners which included activities like baking, arts and crafts, and exercise programmes.

In addition, all residents were actively supported and encouraged to partake in a wide range of community activities aligned to their own individual interests and likes. For instance, some residents were supported to go on holidays, go to the local beauticians, go out for lunch and dinner, and shopping.

Residents were also supported to maintain and develop relationships. Residents were free to receive visitors, and were supported to visit their friends and family as they wished.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the registered provider had implemented good fire safety systems, however some improvements were required.

The designated centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm, and portable firefighting equipment. A review of maintenance records confirmed that these systems and equipment were subject to regular checks by staff, and inspections and servicing by a specialist fire safety company.

The inspector noted that the fire panel was addressable and easily accessible in the entrance hallway of each home that made up the designated centre. Additionally, information pertaining to fire zones were readily available and accessible to the staff team in the event of an emergency. It was observed that all fire doors, including bedroom doors, closed properly when the fire alarm was activated. Furthermore, all fire exits were equipped with thumb lock mechanisms, which ensured prompt evacuation in the event of an emergency.

During the walk around of both premises the inspector observed that the registered provider had not ensured fire assembly point signage was in place, which posed a high risk to all residents and staff in the event of an emergency. On the day of

inspection this had not been risk assessed and the inspector noted that the assembly point was not clearly indicated on residents' personal emergency evacuation plans (PEEP). This required review by the person in charge and registered provider to ensure a smooth and orderly evacuation in the event of an emergency.

The inspector examined the fire safety records, including fire drill documentation, and confirmed that regular fire drills were conducted in accordance with the registered provider's established policy. The registered provider demonstrated that they were capable of safely evacuating residents under both daytime and nighttime conditions.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were practices and arrangements in place for the management of residents' medicines, including for the ordering, storage and administration of medicines. The practices were underpinned by the registered provider's established medication management policy.

Residents were in receipt of a comprehensive individualised service from their pharmacist, who facilitated the safe and timely supply of medicines, as well as information and pharmaceutical care to ensure the best possible outcome for each resident living in the designated centre.

Staff were required to complete safe administration of medication training before they administered medicines. On the day of this inspection all staff had completed this training. There were also effective arrangements for the oversight of medicine practices, including regular stock checks, audits, and checklists, to ensure that the registered provider's policy was adhered to and that any discrepancies were identified.

Assessments of capacity to self-administer medicines had been completed for residents. These assessments, and associated person-centred medicine plans, detailed the level of support that each resident required. At the time of this inspection there was one resident self-administering their own medicines. Staff spoke to the inspector about systems in place to support the resident and a review of their medicine administration record evidenced they were taking prescribed medicines as per their prescription sheet.

The inspector observed that all residents' medicines were securely stored, and clearly labelled with relevant information such as expiry dates. The inspector observed that residents' prescription sheets and medicine administration records contained all necessary information, and noted that residents received their medicines as prescribed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements in place to support residents' positive behaviour support needs and found that the registered provider had failed to provide all residents with timely and effective positive behavioural support in line with their assessed needs. In addition, the inspection highlighted gaps in the oversight of restrictive practices, which required comprehensive review by the registered provider and person in charge.

On the day of inspection, it was found that two residents with assessed positive behavioural support needs did not have formal positive behaviour support plans on file. Although both residents had risk assessments documenting behaviours that challenge, including incidents of self-injurious behaviour, the guidance available to staff was not written by a suitably qualified health and social care professional and had no documented review date. In one case, the guidance dated back to August 2024. This meant that staff lacked up-to-date information on antecedents, proactive strategies, reactive strategies, and detailed behavioural background information. As a result, a thorough review and action were required from the registered provider and person in charge to address these gaps.

Prior to this inspection, a comprehensive review of all restrictive practices notified to the Chief Inspector on a quarterly basis was undertaken. There were a total of five restrictive practices notified including environmental and financial restraints. However, during the inspection, the inspector identified two further restrictive practices in use which had not been identified by the person in charge, risk assessed, approved by the registered provider's restrictive practice committee, or notified to the Chief Inspector. This required review and consideration by the person in charge and registered provider.

Judgment: Not compliant

Regulation 8: Protection

Safeguarding is a critical responsibility for registered providers in designated centres. The registered provider had effective arrangements to safeguard residents from abuse in place, such as staff training, appropriate staffing levels and reporting systems.

Safeguarding concerns had been reported, responded to and managed in line with the registered provider's established policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations. The

inspector found that when concerns arose, measures were implemented to protect residents from further abuse.

At the time of this inspection, there was one open safeguarding concern. The inspector noted that all previous safeguarding concerns had been reported and responded to as required. For example, informal safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. The inspector reviewed three previous preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice. Information included in preliminary screening forms was comprehensive and accurate.

Following a review of four residents' care and support plans, the inspector observed that safeguarding measures were in place to ensure that staff provided personal and intimate care to residents who required such assistance in line with their personal plans, and in a dignified manner.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Laverna Group - Community Residential Service OSV-0008603

Inspection ID: MON-0041545

Date of inspection: 07/07/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Person in charge will review and update staff rosters to ensure all relief staff are clearly identified by name. A roster audit will be completed weekly to ensure staff names are accurately recorded.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has completed a risk assessment for the designated assembly points in each house to ensure the location is identifiable for emergency evacuation. The person in charge will review and update all personal emergency evacuation plans to ensure they clearly identify the designated assembly point and provide staff with clear guidance to support residents during evacuation. Photographic identification of each house's designated assembly point will be included in the fire folder and house guidelines folder to support staff orientation.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The two residents identified during the inspection have been referred to the Positive Behavior Support team on 21/7/26 for assessment. Full positive behavior support plans will be developed and implemented. The locks identified on the side gates in one house have been removed.	

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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/08/2026
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/08/2026
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents	Not Compliant	Orange	30/11/2026

	to manage their behaviour.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	30/08/2026