Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Laverna Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	26 August 2025
Centre ID:	OSV-0008603
Fieldwork ID:	MON-0047552

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:	6

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 26 August 2025	10:50hrs to 17:20hrs	Erin Clarke	Lead
Tuesday 26 August 2025	10:50hrs to 17:20hrs	Brendan Kelly	Support

What residents told us and what inspectors observed

This was an unannounced focused regulatory inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019).

The purpose of this safeguarding inspection was to assess the safeguarding measures in place within the designated centre, ensuring compliance with regulations and national policy, and that residents' rights and wellbeing were promoted and protected. The inspection examined governance structures, staffing, risk management, training, compatibility factors, and the experiences of residents. Inspectors met with two residents living in one house, the person in charge, the person participating in management, and two staff members. The service manager also attended the feedback session.

The centre comprises two houses, each registered to accommodate three residents. At the time of inspection, two residents were living in one house with one vacancy, while three residents were living in the second house. This safeguarding inspection focused primarily on one house, following up on information submitted by the provider through incident notifications, a recent application to reconfigure the house to better meet residents' needs, and findings from the previous inspection in March 2024.

The provider submitted an application in March 2025 to vary condition one of the registration of the designated centre, which is linked to the centre statement of purpose and floor plan. The variation sought approval to close off the connecting doors between the living and dining rooms. Inspectors observed that the closure of the double doors had created opportunities for residents to have their own living areas within the house. This arrangement allowed residents to pursue different interests, activities, and routines in line with their individual needs, preferences, and life stages. Each living space was personalised and reflective of the residents' personalities and interests. For example, inspectors observed areas containing wool and knitting materials, arts and crafts, jigsaw puzzles, and digital devices.

However, information received during the inspection indicated that the provider had also intended to introduce material changes to the care model. Specifically, the centre, registered for full-time residential placements, had begun providing short-term convalescent care. This significant change in service delivery was not reflected in the submitted application, which limited assurances that the safeguarding implications for residents had been fully considered or that compliance with the conditions of registration was maintained. The application was also incomplete, as the section requiring the provider to outline the potential impact on residents and the actions taken or planned had been left blank.

The potential to impact safeguarding and the quality of residents' supports also found on inspection was the high reliance on agency and relief staff. This created risks to continuity of care, consistency in implementing safeguarding plans, and staff knowledge of residents' individual needs and communication preferences.

Inspectors met with both residents living in one house. Staff supported communication with one resident, who preferred to receive questions in written form. Another resident spoke with inspectors about their day, shared that they were experiencing some pain, and presented with signs of anxiety through pacing and tone of voice.

It was documented that one resident placed particular importance on being aware of the routine and whereabouts of another resident, especially in the mornings, and sometimes attempted to enter their room. Staff were aware of these dynamics, and residents were supported by one-to-one staff to ensure that their personal space was respected and that their individual interests were facilitated. The person in charge spoke of the complexities within the house and stated that they would represent them as part of any future admission considerations to the centre.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This inspection focused on the safeguarding arrangements and procedures within the centre. The person in charge demonstrated a comprehensive knowledge of the safeguarding concerns, plans, and procedures in place. They met with their line manager, the person participating in management, every four to six weeks, where safeguarding was a standing agenda item. Safeguarding also featured regularly in monthly staff meeting minutes.

However, inspectors were not assured that the provider adequately considered the safeguarding implications of introducing short-term care into a home already accommodating long-term residents, some of whom had ongoing compatibility concerns. The lack of a clear assessment of impact, consultation with residents increased the potential risk to residents' wellebeing and rights.

Inspectors requested transition plans and decision-making records relating to the provision of convalescent care within the centre, which were received after the inspection. While documentation confirmed that one resident required post-surgery care in a downstairs bedroom, the information also indicated that the house was now open to provide convalescent care more broadly. It was not evident that the views of existing residents had been sought regarding the short-term living arrangements in their home, nor how ongoing safeguarding concerns in the centre would impact the person receiving convalescent care. Furthermore, the provider had

not applied to vary the conditions of registration to reflect this change in service provision.

Staff in the centre had access to training appropriate to the needs of residents. Inspectors reviewed the training matrix and found that oversight of training was being maintained by the person in charge, with mandatory and resident-specific training up to date. A supervision schedule was in place, and staff were receiving regular supervision in line with the provider's policy.

Staffing vacancies however were a concern. At the time of inspection, there were three whole-time equivalent vacancies, some of which had been open for up to 18 months. While the provider used a pool of regular relief staff to maintain consistency of care and minimise residents' anxiety, the prolonged vacancy demonstrated ongoing challenges in workforce planning and recruitment.

Regulation 15: Staffing

At the time of inspection, three whole-time equivalent vacancies remained unfilled, some for up to 18 months. While the provider had taken measures to mitigate this risk by using a pool of regular relief staff to ensure consistency for residents, the prolonged nature of the vacancies presented an ongoing risk to the sustainability of staffing levels.

Inspectors reviewed three months of rosters and found that 21 different non-core staff were used to cover staffing vacancies in the house. This level of turnover did not promote consistency of care or the development of trusting relationships with residents. While the person in charge had taken mitigating steps, such as ensuring that two relief or agency staff were not rostered together, this did not fully address the risks associated with inconsistent staffing that the provider was experiencing.

Judgment: Not compliant

Regulation 16: Training and staff development

Inspectors reviewed the training matrix and supervision records in the designated centre. The person in charge maintained a comprehensive training matrix for permanent and relief staff. Staff working in the centre are required to complete both mandatory and site specific training. The training matrix showed permanent and relief staff had completed training in fire precaution, manual handling, hand hygiene and safeguarding. A supervision schedule was in place for 2025 and inspectors reviewed supervision records held by the person in charge. The supervision meetings were role specific and contained discussions aimed at staff development.

Staff also had access to relevant legislative and guidance documents within the centre.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors reviewed the provider's annual review, six-monthly provider audit, team meeting minutes, and the statement of purpose. While a governance structure was in place, inspectors identified weaknesses in resourcing and decision-making that could impact safeguarding arrangements. Safeguarding and compatibility issues between residents in one house, although reduced since the previous inspection in March 2024 and particularly since environmental changes introduced in January 2025, had not been fully resolved. It remained unclear how the environment would safely support a third resident, both in terms of physical layout and the potential response to distressed behaviours.

The provider had applied to vary the conditions of registration to alter the footprint of the centre by closing off double doors between communal areas to reduce safeguarding concerns and provide residents with their own defined space. This application had been approved. However, inspectors found that further oversight and clarity were required when making applications to amend conditions of registration. In particular, inspectors were informed that a resident had been admitted for a three-week period of convalescent care in June 2025. This admission represented a change in the type of care provided in the centre, from full-time residential to convalescent care, which had not been explicitly stated in the application to vary registration.

The centre's statement of purpose outlined that it provided low to moderate supports; however, inspectors found evidence that the needs of residents were more consistent with a high-support service.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that while safeguarding systems and residents' rights were promoted in some areas, the inspection also highlighted concerns regarding the safeguarding of residents' rights and their participation in decisions that affected them. While staff were observed promoting dignity and adapting communication supports, inspectors identified gaps in consultation with residents regarding admissions, transitions, and the provision of short-term care. These decisions

appeared to be driven by management in response to crises or competing pressures within the wider service and lacked evidence of meaningful resident involvement or due consideration of the impact of providing short-term care within a resident's long-term home.

Negative interactions between residents had significantly reduced since January 2025, and the person in charge maintained a comprehensive safeguarding log with clear records of incidents, notifications, safeguarding plans, and statutory reviews. The design and layout of the house were appropriate to support the needs of the two current residents. While compatibility challenges had previously been identified, these were now being managed through the provision of separate living areas, which had helped to support more positive relationships.

From discussions with the person in charge, inspectors were informed that a reduction in the number of incidents in the centre was attributed to changes in daily routines and adaptations to the physical environment that had previously acted as triggers, such as delayed car journeys. Similar to the previous inspection, the inspectors found that behavioural support remained an area of concern. Behavioural support had only been available for five months since January 2024. This gap limited the provider's ability to deliver consistent supports and had already contributed to a complaint from a family member.

Regulation 10: Communication

Residents were supported to understand who they could speak with if they had a concern or wished to make a complaint. Staff spoken with during the inspection were clear about their role in promoting residents' rights and in ensuring residents felt comfortable raising issues. Information was shared in a manner appropriate to residents' individual communication needs, including the use of written notes, visual prompts and simplified language where required.Inspectors observed that safeguarding and complaints information was displayed in accessible formats within the centre.

Judgment: Compliant

Regulation 17: Premises

The layout and size of the designated centre were suitable to meet the needs of the residents. While some compatibility issues arose between two individuals at times, these were mitigated by the implementation of separate living areas in their house. This arrangement allowed both residents to have uninterrupted personal space, which had contributed to improved relationships and a more settled atmosphere in the house.

Judgment: Compliant

Regulation 26: Risk management procedures

Inspectors reviewed the risk register in the centre and risk assessments in place in one location. The person in charge maintained a comprehensive risk register that was under regular review. The person in charge was knowledgeable in terms of active risk in the centre. Risk assessments were in place for both residents and the centre overall, for example, assessments were in place for areas such as use of agency staff, behaviours of concern and gaps in behaviour support provision. Risk assessments were proportionately rated with relevant control measures attached to each area of risk.

Potential safeguarding risks were identified, assessed, and recorded within individualised risk assessments. These set out control measures and responsibilities for staff, ensuring that risks were appropriately managed and reviewed on an ongoing basis. Inspectors saw that safeguarding risks were monitored in line with residents' changing needs and were reflected in up-to-date care plans.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Inspectors found that the person in charge had ensured residents' safeguarding needs were incorporated into the overall assessment and care planning process. These assessments captured safeguarding considerations such as compatibility with peers, behavioural supports, and environmental factors. Safeguarding needs were clearly documented and formed an integral part of residents' personal plans. Residents and families were also consulted, where appropriate, to support decision-making.

Concerns relating to the admission process and the assessment of residents' suitability for the centre have been addressed under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 7: Positive behavioural support

It had been identified during the March 2024 inspection that the centre was required to implement positive behavioural support in line with residents' assessed needs. The provider had also highlighted the requirement for behaviour support for two residents in the 2024 annual review. However, inspectors found that behaviour support had only been in place for a total of five months since January 2024. This gap in provision limited the provider's capacity to deliver effective and consistent supports and had contributed to a complaint from a family member. While this complaint was subsequently resolved with the recent reintroduction of behavioural support, the inspectors were not assured that the systems in place were sufficiently robust to prevent recurrence.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the incidence of negative interactions between residents living in this house had significantly reduced since January 2025. The person in charge maintained a comprehensive safeguarding log that recorded the date of each incident, preliminary screening outcomes, and notifications made to the Office of the Chief Inspector and other relevant statutory bodies. The log also documented the development of safeguarding plans and the outcomes of external statutory reviews. Inspectors found that safeguarding plans had been accepted, and additional supports were in place to address identified risks. While records showed that, due to an increase in incidents in 2024, resident placements were under review, this was no longer the case at the time of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Although some aspects of the service reflected a rights-based approach, for example, creating individual living spaces to respect residents' choices and recognising that residents did not wish to spend extended time together, other decisions required significant improvement. In particular, inspectors were not assured that residents' consent, views, and preferences had been adequately sought or documented in the provider's decision to offer short-term convalescent care within their home.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0047552

Date of inspection: 26/08/2025

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider continues to recruit for social care worker vacancies within the cenre The Provider has identified a cohort of relief staff and assigned these relief staff to the centre to ensure continuity of care is provided to the residents. The Provider will identify permanent staff and reallocate one SCW to the centre to ensure continuity is provided.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will ensure that any future applications to vary will be in line with the legislation. The Provider will not be providing convalescent care within the designated centre. The statement of purpose within the designated centre will be reviewed by the provider nominee and person in charge to ensure it reflects the needs within the centre.	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The provider has addressed the behaviour support needs within the centre with the allocation of a positive behaviour specialist. This specialist continues to work within the centre supporting the residents.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider will ensure that the residents' rights are considered, and their consent, views and preferences are sought when decisions are made regarding the centre. The provider will not be offering convalescent care within the designated centre.	

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	28/02/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/12/2025
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates	Substantially Compliant	Yellow	30/11/2025

	intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	31/10/2025