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:	St. Anne's Residential Services Group H
Name of provider:	Avista CLG
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	12 June 2026
Centre ID:	OSV-0009017
Fieldwork ID:	MON-0047429

About the designated centre

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

St Anne's Residential Services Group H is a designated centre operated by Avista. The centre provides residential care for up to 4 residents, who are over the age of 18 years and who have an intellectual disability. It comprises of one large bungalow house located in a rural area. Each resident has their own bedroom, some of which are en-suite, a large open plan kitchen, dining room, two sitting rooms, and a staff office. The model of care of nurse lead and is based on the process of individualised assessment. Staff are on duty both day and night to support the residents who avail of this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Friday 12 June 2026	09:05hrs to 15:40hrs	Maureen McMahon	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the provider's compliance with the regulations. The centre was first registered in June 2025, and this inspection was the first carried out since its registration. During this inspection, the inspector met with three residents who lived in the centre and observed how they lived. The inspector also met the person participating in management (PPIM), a nurse on duty, and three staff members, and viewed a range of documentation.

Based on the findings of this inspection, residents living in this centre were found to have a good quality of life and were supported to achieve best possible health outcomes. Residents had flexibility and choice in how they spent their day, with staff supporting participation in activities that reflected their assessed needs and preferences. All residents had healthcare needs that required ongoing nursing support, the inspector observed staff assessing residents' wellbeing to ensure activities and daily choices were appropriate to their healthcare needs. Overall, residents were supported to engage in meaningful activities both within the centre and in the community.

The centre consisted of one large house located in a rural area close to a small village. Residents could access some amenities in the local village, such as a shop. Centre transport was available to residents' to access larger local towns. The design and layout of the centre ensured that residents had access to private space when required and as wished. It was also found that the centre was accessible to those with physical disabilities, with wide corridors doors which provided for wheelchair access. The house had a well-equipped kitchen where food could be prepared and stored hygienically.

Residents in the centre had high support needs arising from their assessed needs, including healthcare, communication, and maintaining a safe environment. A limited number of restrictive practices were in place to support residents' safety needs. Residents were supported by a minimum of two staff members during the day. Overnight, staffing arrangements included one waking night duty and one sleepover staff. The inspector observed that all residents were well suited to one another, and no concerns were identified in relation to negative peer-to-peer interactions.

The inspector had the opportunity to meet all three residents living in the centre. Two residents had communication differences and used alternative methods to communicate, including vocalisations and physical expressions. The inspector observed that residents appeared relaxed and comfortable in the presence of the staff supporting them. Appropriate communication techniques and cues were in place to support residents to communicate in their own way.

One resident communicated verbally with the inspector and spoke at length about their experience of living in the centre and the care and support they receive. They

described their typical day and the activities they enjoy, including walking to the local shop to purchase the daily newspapers This resident proudly showed the inspector artwork from an exhibition they had previously hosted. Their bedroom was personalised with their artwork, DVD's, family photographs, and other personal items. The resident explained that they had attended a medical appointment earlier that day and were supported by staff that knew them well. This resident expressed satisfaction with the care and support they received and spoke freely about the choices they can make regarding their daily routine and participation of activities.

The inspector found that residents had opportunities to engage in a wide range of activities. These included home-based activities such as reflexology, sound baths, massage, music, and beauty treatments. Staff also described a variety of community-based activities such as spa treatments in a local hotel, shopping, attending mass, and overnight hotel stays. During the inspection, a resident was supported to have a reflexology session in the centre. Another resident was observed to go for a walk locally and also to enjoy some music in the afternoon in the company of staff and some peers.

Throughout the day, the inspector had the opportunity to meet staff working in the centre. Staff demonstrated a high level of understanding of the needs and preferences of residents, many of whom they had known for several years. A number of staff had worked with residents or known them prior to their admission to the centre. The inspector observed staff to be caring, warm, and supportive in their interactions and communication with residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the service, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a high-quality, and safe service was provided to residents who lived in the centre. Some improvement was required to residents' written agreements.

There was a clear governance structure with defined roles and responsibilities identified to manage the centre. The provider had appointed a suitably qualified and experienced person in charge to manage the centre. Arrangements were also in place to support staff when the person in charge was not on duty and these were found to be effective on the day of inspection.

The centre was adequately resourced to ensure that suitable care was delivered to residents living in the centre. These resources included the provision of suitable,

safe accommodation, including furnishing and equipment, transport, and access to Wi-Fi, televisions, and music devices. Staffing levels were been maintained in the centre to support residents preferences and assessed needs. A nurse was always rostered on duty to support residents' specific healthcare needs.

The provider had systems in place that maintained oversight of quality and safety of care. These systems included unannounced provider audits undertaken every six months. An annual review of the service was yet due, as the centre had not been operational for a full year. Local management also undertook audits in areas such as restrictive practices, hand hygiene, and medicine records. The inspector reviewed recent audits, which indicated a high level of compliance.

Written agreements were in place and had been agreed upon admission to the centre. These agreements included the required information, such as the facilities to be provided and the fees to be charged. However, further improvement was required to ensure the charges outlined in contracts were reflective of the amounts paid in fees.

Regulation 15: Staffing

The provider had ensured that there was sufficient staff who were suitably skilled and experienced to meet the assessed needs of residents.

A nurse was on duty at all times to support the assessed needs of residents. The inspector reviewed the staffing roster for May and June 2026 and found that actual and planned rosters were well maintained. Rosters showed that sufficient staff were consistently being rostered to meet the wellbeing and safety needs of residents. There was always a waking night duty and a sleep over staff at night. During the day there was always a minimum of two staff and additional staff resources were allocated as required to support activities or medical appointments. For example, on the day of inspection, three staff were rostered during the day to support a medical appointment for one resident.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had received appropriate training to equip them to provide suitable care to residents.

The inspector reviewed the staff training records which evidenced that all staff who worked in the centre had received mandatory training in fire safety, positive behaviour support, and adult safeguarding. Staff had also received additional training relevant to their roles, such as Feeding Eating Drinking (FEDs), epilepsy,

medicines management, and manual handling. Records reviewed evidenced some nursing staff had completed phlebotomy training and also wound management courses. The person in charge had a training plan in place, where staff were found to be due refresher training in specific areas these were booked. For example, the inspector saw staff were booked for refresher events in manual handling.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to manage the centre and to ensure the provision of a good quality and safe service to residents.

The provider had an established management structure in place. There was a suitably qualified person in charge. They were responsible for one other designated centre and they were supported in their role by experienced Clinical Nurse Managers (CNM). The person in charge was frequently in the centre, and worked closely with the staff team and were well known to residents. There were arrangements in place to support staff when the person in charge was not on duty. These were found to be effective on the day of inspection. The person participating in management (PPIM) facilitated this inspection along with the staff members on duty, as the person in charge was on leave.

There were oversight and review arrangements in place. This included a six-monthly unannounced provider audit. An annual review for the service had not yet been completed, as the centre was operating for less than one year at the time of inspection. The person in charge carried out local audits in line with the centre's audit plan, in areas such as medicines, health and safety, infection prevention and control and restrictive practices. The inspector reviewed these audits. Overall, they demonstrated a high level of compliance and any areas for improvement were identified and were being addressed.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included accessible, comfortable accommodation, transport, Wi-Fi, televisions, music devices, and adequate suitably trained staff to support residents' assessed needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Improvement was needed to ensure that the written agreements in place for the provision of services to residents were up to date.

The inspector reviewed all residents' written agreements and found that they did not consistently include accurate information regarding the services to be provided, such as the centre name and fees to be charged. The inspector found that one contract contained incorrect information regarding the fees payable. In addition, another written agreement was incomplete, as pages, including the signature page had been removed and were unavailable for review on the day of inspection.

Judgment: Substantially compliant

Quality and safety

Based on the findings of this inspection, there was a high level of compliance with regulations relating to the quality and safety of care delivered to residents who lived in the centre. There were systems in place to ensure that residents received person-centred care and support.

The centre had been in operation for less than 12 months at the time of this inspection and had previously undergone extensive refurbishment. The design and layout of the centre had been planned to meet residents' assessed needs. The centre was wheelchair accessible, with a ramp at the front entrance and level access to the patio area and garden. Some bedrooms had direct access to the garden, enabling residents to use this space easily. During a walk-through of the centre, the inspector found it to be clean, modern, well maintained, and suitably furnished and equipped. The provider had ensured that equipment, including tracking hoists, was available in all rooms where residents required or might require this support. All residents had their own bedrooms, which were decorated in accordance with their individual preferences. The centre was also equipped with Wi-Fi, televisions, and music devices that residents could use for entertainment and access to information.

Comprehensive assessments of health, personal and social care needs were in place for each resident. Individualised personal plans had been developed for residents based on their assessed needs, and meaningful personal goals had been agreed with each resident. Care plans had been developed to guide staff on the appropriate and safe management of residents' healthcare, communication and social needs.

There were effective fire safety management systems in place throughout the centre, which included fire training, servicing of equipment, development of personal evacuation plans for residents and fire drills.

The provider had system and measures in place to protect residents from harm. This included the availability of the designated safeguarding officer, oversight of restrictive practices, and access to intimate care plans and a policy to guide staff.

Where restrictive interventions were in use, these were in place to ensure the safety of residents.

Regulation 10: Communication

Residents were supported and assisted to communicate in accordance with their individual needs and wishes.

Some residents did not communicate verbally and instead used vocalisations, gestures, and facial expressions to express their needs and preferences. Staff demonstrated a good understanding of each resident's communication needs and were observed responding appropriately to these forms of communication. For example, while supporting residents with meals and drinks, staff responded to residents' vocalisations and physical gestures to ensure their needs were understood and met. Where residents had visual impairments, staff were observed using gently touch, in accordance with residents' communication plans, to ensure residents were aware of their presence.

The inspector read the communication plans of two residents. These plans were up to date and provided a range of information to guide staff.

Judgment: Compliant

Regulation 17: Premises

The centre suited the needs of residents, was accessible, was of sound construction and was suitably decorated and equipped throughout.

The centre was made up of one single story house, which could accommodate up to four residents. The house was spacious and wheelchair accessible throughout. There were two sitting rooms where residents could relax or receive visitors. During a walk about the centre, the inspector found that the house was clean, comfortably furnished, and maintained to a high standard. Residents had spacious bedrooms with adequate furniture such as wardrobes in which residents could store their personal belongings. Overhead tracking hoists were available throughout the centre to support residents manual handling needs. A specialist bath was available to residents in the main bathroom. There was a well-maintained garden. The centre was served by an external refuse collection service and there were laundry facilities.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents, staff, and visitors from the risk of fire.

The inspector reviewed records of fire drills, personal emergency evacuation plans (PEEPs), staff training, and fire safety checks in the centre. Fire evacuation drills were being carried out frequently and evacuations were being achieved in a timely manner. The inspector reviewed fire drill records for 2026 and found that fire drills had taken place both during the day and night. Monthly simulated night drill was carried out by night staff and clear records were available to view.

There were arrangements in place for servicing and checking fire equipment both by external contractors and by staff. Records evidenced that staff carried out daily and weekly checks in areas such as the fire panel, emergency lights, and fire equipment.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs.

The inspector viewed a sample of two residents' personal plans and found that these had been developed with input from residents, the providers multidisciplinary (MDT) team, and residents families. Individual care plans had been developed for each resident based on their assessed needs. Meaningful goals had been developed for each resident and the inspector saw that progress in achieving these goals was being recorded. For example, where a resident had identified through the personal planning process they wished to take a hotel break, they were supported to make arrangements, book accommodation, and enjoy their planned stay away.

Judgment: Compliant

Regulation 6: Health care

Resident's healthcare needs were well supported in the centre.

Residents in this centre had complex healthcare needs. The inspector viewed the healthcare plans for two residents and found that their healthcare needs had been identified and that they had access to a range of healthcare services, medical

consultants and the MDT team. Staff who spoke with the inspector described residents having good access to general practitioners (GP), and pharmacy services.

On the day of inspection a resident was attending a local hospital for an ongoing health condition. Staff were knowledgeable on this condition and had developed a plan of care to manage any side effects that may occur.

Staff proactively supported residents to remain healthy. For example, residents' weights were monitored frequently and regular clinical observations were undertaken.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents did not have assessed behaviour support needs. Restrictive procedures were in place to support residents assessed needs.

The inspector observed the restrictive practices in place in the centre. These practices were all in place to promote the safety and well-being of residents. For example, where a resident had assessed needs relating to posture during eating and drinking, the resident was supported to use a specific chair and positioning aid to reduce the risk of aspiration. These measures were in line with the recommendation of the speech and language therapist recommendations and were found to support the resident's overall well-being.

Judgment: Compliant

Regulation 8: Protection

The provider had clear procedures in place to support staff in identifying, reporting, responding to and managing any concerns related to the safety and welfare of residents.

All staff working in the centre had received training in adult safeguarding and staff spoken with were able to verify this training had taken place. There were no safeguarding plans in place in this centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services Group H OSV-0009017

Inspection ID: MON-0047429

Date of inspection: 12/06/2026

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The PPIM has completed an immediate review of all residents' written agreements (Contract of care) following the inspection. The written agreement that contained incorrect information relating to fees payable was amended to accurately reflect the fees charged and reissued to the resident and/or their representative for review and signature on 13/06/26. The contract of care that was found to be incomplete on the day of inspection was discovered and put in correct location on 13/06/26. In addition, the Service manager has highlighted at governance and management meeting on 14/06/26 for all centres to review all written agreements to ensure that each have correct details.	

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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	10/07/2026