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:	Community Residential Service Limerick Group A
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	21 October 2025
Centre ID:	OSV-0003939
Fieldwork ID:	MON-0046828

About the designated centre

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

Group A Community Residential Service provides full-time residential services to twelve service users. These services are provided in three community houses in Limerick. The designated centre provides services to individuals with mild and moderate levels of intellectual disability. The aim of the designated centre is to improve the quality of life of residents through a person centred approach, ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community. The three community houses are two-storey semi-detached houses, with front and back gardens. Each resident has their own private bedroom, some with en-suite facilities. Communal space is available in each house for residents which includes kitchen-dining rooms and sitting rooms. In addition, each house has bathroom facilities, office space/staff bedroom and utility rooms. Each house is staffed by social care staff with access to nursing staff as required. A staff member works sleepover duty in each house at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

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 21 October 2025	09:50hrs to 18:40hrs	Elaine McKeown	Lead
Tuesday 21 October 2025	09:50hrs to 18:40hrs	Kerrie O'Halloran	Support

What residents told us and what inspectors observed

This was a short announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The centre was previously inspected in February 2025 and August 2023 as part of the current registration cycle. The provider demonstrated they had taken actions to address the issues identified during the most recent inspection which included filling the previous staff vacancies, decreasing the number of agency staff required to support the residents and ensuring systems were in place to maintain effective monitoring and oversight in the designated centre. The inspectors visited all three houses and met with ten residents at different times throughout the inspection.

The inspectors were aware that there would be no residents to meet with until the afternoon on the day of the inspection. The inspectors completed a walk around of the first house and a review of documentation while residents attended their day services. The inspectors spoke with the person in charge, person participating in management and the service manager during the morning. All were familiar with the assessed and changing needs of the residents in the designated centre.

In the afternoon, the inspectors had the opportunity to meet ten of the residents living in the centre as all three houses were visited by at least one inspector. One resident in the first house was attending swimming and had not returned by the time the inspectors left that house. One resident in the second house had plans made with a relative and had left by the time an inspector had arrived.

The majority of the residents informed the inspectors that they were happy in their home and that they knew the staff supporting them. This was a change to what residents had told the same inspectors in the February 2025 inspection. The inspectors observed staff interacting with residents in a caring and professional manner, and in accordance with their assessed needs. In one house a resident was being supported to use their treadmill, the staff member informed the inspector that the resident liked to use it after their evening meal and have a cup of coffee and juice. The resident agreed and the inspector noted the resident had their drinks ready for them to enjoy. It was evident that residents were comfortable with the staff supporting them and that they were familiar with them.

Both inspectors met with four residents in one of the houses. The inspectors were greeted with smiles, hands shakes and hugs. All of the residents stated they had enjoyed their day at their day service as they sat in the sitting room chatting as a group. Each resident was afforded the time to speak and were respected by their peers. All of the residents spoke of the recent internal painting that had taken place, their new front door and more important the new couches which were welcomed as a positive enhancement. The residents spoke about regular social activities which included a short break to another county during the Summer. The inspectors were informed of planned appointments for hair and make-up the following week in

advance of a photography session so residents could get updated professional photographs printed of themselves.

While the residents were very happy to have regular staff supporting them, they did explain to the inspectors that they felt the lone working staff was very busy and didn't have enough time to sit and chat with them especially in the evenings. The extra staff resource recently at weekends was described as being a positive step but more hours with additional staff resources would be helpful. The inspectors were informed one of the residents who the inspectors did not get to meet had requested that they not have to attend their day service five days every week. The resident would like to have time each week to enjoy other activities and time in the designated centre and not have to go out every week day morning to their day service. The resident was choosing to semi-retire. This request was under review by the provider at the time of this inspection, to ensure the service being provided was effectively supporting the changing needs of the residents.

One inspector met with four residents in the third house in the evening. On arrival, one resident proudly demonstrated the features of a new wheelchair that they had received since the previous inspection. The resident was able to adjust the height of the seat so that they could now independently access higher shelves and other locations around their home. The resident also spoke of how they had picked out the colours and decor for their en-suite which was scheduled to be upgraded in the weeks after this inspection. All four residents living in this house spoke with the inspector after they had finished their evening meal. The group, including the inspector were offered a hot drink by one of the resident's as they were making a beverage for themselves after their meal. The atmosphere was relaxed and respectful of all present.

All of the residents expressed how they were very happy with the consistent staff team supporting them in recent months. They were able to identify named members of staff that they would discuss any issues with. They also spoke of a decrease in the number of unfamiliar staff working in the house and that the person in charge endeavoured to ensure at least one familiar staff was working in one of the three houses at all times which was viewed by the group as a positive outcome. Each resident was observed to be afforded time to speak during the conversation. Residents also included the staff member that was present and spoke of the increased options open to the group to engage in activities of their choice at weekends since a second staff resource was available. One resident confirmed that they still worked in a large retail outlet, another two residents spoke of important persons in their life whom they met each week. One resident enjoyed the company of a volunteer and spoke of the social activities they did together.

The group spoke of shopping trips, holidays away and plans for the coming months. Two residents spoke about and showed the inspector crafts and jewellery that they created. The residents were looking forward to seeing the upgraded bathroom which was undergoing work at the time of the inspection. They outlined how they had been consulted and were happy that the bath was being removed and replaced with a shower. One resident showed the inspector their upgraded en-suite which they had consented for two of their peers to use for showering while the main

bathroom works were taking place. Residents were also aware of other planned works for the premises in the coming weeks which included external contractors addressing ongoing issues with dampness in two of the houses with a permanent solution followed by internal painting. The residents stated they were looking forward to getting all the work done.

However, the group also spoke of how they would like it if staff had more time to sit and chat with them. The residents understood that staff had other duties and documentation to complete. The staff on duty in this house explained that they used periods of time such as supporting with personal care to chat individually with the residents. They outlined the morning routine for two of the residents which facilitated such conversations but the staff was always mindful that as they were lone working they had to ensure all of the residents were supported during this busy time to be ready to attend their day service. The evenings were also busy in the house. However, the residents participated in meal preparations and other household chores with the staff on duty which provided opportunities to have conversations.

The inspectors spoke with six staff during the inspection. This included the service manager, the person participating in management, the person in charge and three staff members, one working in each of the three houses on the day of the inspection. All of the staff afforded the inspectors time to provide information regarding how the residents were being supported in recent months, changes that had taken place to the local management, changes to the staff roster and ongoing plans to further ensure effective services would be provided to the residents to ensure their current and future assessed needs could be supported in the designated centre. This included permanently addressing maintenance issues that had been identified in two of the houses.

In summary, all residents spoken to during the inspection outlined how they were happy with the consistent staffing supports provided to them in recent months. They expressed confidence they were being listened to and consulted regarding any issues/concerns they may have had. They were happy upgrade works for the houses was in progress and plan of works in the coming weeks to permanently address issues such as the dampness in two of the houses. It was evident the provider had taken steps to ensure effective services were being provided to the residents and had sought to address the issues identified in the previous HIQA inspection. This included prioritising required maintenance works and commencing a staffing assessment to support the changing needs of some residents. However, the inspectors were informed by some residents living in two of the houses of the benefit to them if staff had more time to sit and chat with them.

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

Capacity and capability

Overall, this inspection found that residents were in receipt of care and support from a consistent staff team. The provider had sought to address the actions identified in the previous inspection that took place in February 2025 which included ensuring sufficient number of familiar staff resources were available to support residents. There was evidence of improvements taking place with effective systems to monitor the governance and oversight in the designated centre.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months. Since the previous inspection a six month un-announced audit was completed in April 2025. The auditor identified that further improvements and progress was required to address issues identified which included premises works, staff training and gaps in documentation in residents personal plans. The provider enlisted the input of the transforming lives co-ordinator, clinical nurse specialists in infection prevention and control, behaviour support and members of the quality and risk department. A further internal six monthly audit was completed by the service manager in October 2025 where evidence of improvements were identified and actions from the April 2025 were either completed or in progress with updates provided. Ongoing work was acknowledged in supporting the staff team with reviews of personal plans of residents, identifying meaningful goals and providing consistent staffing resources to all of the three houses.

An annual review had been completed in October 2025 by the provider and remained in draft format at the time of this inspection. However, the inspectors were provided the opportunity to review the draft report. The auditor acknowledged the improvements that were evident for the residents in recent months. Input from family representatives had been obtained as part of the annual review. This input had not been part of the previous two annual reports in 2023 and 2024 and the provider changed the way in which families could provide responses which resulted in responses being received for the 2025 report.

The person in charge had ensured regular audits were taking place within the designated centre as required by the provider. Details of actions completed, in progress or barriers were clearly documented. Both the person participating in management and the person in charge met at least monthly to review actions arising out of completed audits. These included health and safety audits, finances of residents, complaints and incidents audits. In addition, the provider's person centred planning (PCP) enabler had completed an audit of ten of the residents personal plans, with a review scheduled for the remaining two plans. Staff had been provided with additional support and training by the PCP enabler. The inspectors were informed by the person in charge that two staff had requested additional training in planning person centred goals to ensure adherence to the revised format that was in use.

The service manager also met regularly with the management team of this

designated centre. To improve communications between the provider and the tenancy agency that the three houses were part of the service manager had also commenced regular meetings with this agency to ensure an effective system was in place to address issues pertaining to premises. Works required to be completed were prioritised, a schedule of works planned, who was responsible identified and ongoing review to ensure progress was being made to address all issues.

The provider had also ensured consistent regular staff were available to provide ongoing support in all three of the houses since the previous HIQA inspection. This included moving staff who were familiar to the residents to work in the designated centre, providing a core group of regular relief staff to fill gaps in the rosters and reducing the use of agency staff.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements. Minor changes were requested to be made to the statement of purposes and the residents guide. These were completed in a timely manner prior to this inspection taking place.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management.

The inspectors acknowledge the person in charge had been appointed by the provider to the role in this designated centre in June 2025. The person had worked in another designated centre with the same provider prior to their appointment to this designated centre. The current remit of the person in charge was over this designated centre which ensured ongoing oversight and support for the residents and staff team. The person in charge had ensured they had up-to date information and documentation pertaining to the designated centre which included details of centre specific audits, the progress of actions identified and input to assist with the overall effective management of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had reviewed the number, qualifications and skill mix of the staff team required to support the number and assessed needs of the residents since the previous inspection. The staff resources were found to be in- line with the statement of purpose. There was a consistent core group of staff working in the designated centre. The provider demonstrated effective measures had been put in place to address issues that had been identified in the previous HIQA inspection.

- The staff team comprised of a core group of social care workers and health care assistants.
- There was one staff vacancy at the time of the inspection. The provider had conducted a successful recruitment process and a new staff member was expected to commence their role the week after this inspection.
- The person in charge had made available to an inspector actual rosters since 01 September 2025 and planned rosters until 02 November 2025, nine weeks. These reflected changes made due to unplanned events/leave. The minimum staffing levels were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift and scheduled training.
- The person in charge ensured that planned and unplanned leave was covered with staff familiar to residents to provide consistency, this was important for the residents living in this centre. The staff team was comprised of three regular internal relief staff and two regular agency staff that facilitated planned and unplanned leave.
- On the day of the inspection there were three staff on duty and the person in charge in the designated centre. This ensured there was at least one staff on duty in each of the houses to provide support to residents.
- The provider had put in place since August 2025 the support of an additional staff over the weekends at assist residents to have more choices and options to engage in activities in their local community. The person in charge had developed a plan to rotate the additional staff resource between the three houses from Friday evenings at 16:00 hrs until 22:00 hours and for 12 hours during the day on Saturday and Sunday. A clear rota was in place in each house of the designated centre that highlighted the hours an additional staff member was available. The person in charge also discussed with the inspectors that this had been reviewed so that the staff was available at times to suit the residents. For example, initially the additional resource was commencing a shift at 08:00 hours on Saturday and Sunday but it was quickly identified that there would be increased benefit for the residents if the shift started at 10:00 hours and then finished at 20:00 hours. Both staff and residents spoken too indicated they were happy with this additional resource and that planning of activities at the weekends was working very well.
- The provider was planning to complete an assessment of staffing resources for this designated centre to reflect the changing needs of residents. This will

be further discussed under Regulation 9: Residents rights.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of nine staff members which included the person in charge, social care workers and health care assistants.

- The person in charge ensured a training matrix for the staff team was maintained and subject to regular review.
- All of staff working in the centre had completed a range of mandatory training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in areas such as fire safety, safeguarding, children's first, medication management, manual handling and managing challenging behaviours.
- The person in charge ensured the training matrix highlighted upcoming dates that staff required refresher training. For example, one staff would require fire training in November 2025. In addition, one staff was attending refresher training on the day of the inspection.
- The provider had a procedure in place for staff to receive supervision twice a year and an annual appraisal. The person in charge had ensured all of the staff team had received supervision and had identified dates for the annual appraisals.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. The current valid documentation was submitted by the provider as part of their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by a senior managers. The provider had measures in place to address issues identified in the previous HIQA inspection.

- The provider had effective organisational governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. This included a schedule of audits which provided up-to -date information to both the person in charge and the senior management team if actions were required to be completed.
- The provider was aware of the regulatory requirement to complete an annual review and six monthly internal audits. The provider had sought input from specialist staff following an internal audit in April 2025 where it was identified further improvements were still required. Improvements were documented by the auditors of the most recent internal six monthly audit in October 2025 and the annual report
- The oversight by senior management was also evident with regular communication and meetings taking place with the local management team.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had been provided with a written agreement outlining the services being provided to them. This included updated contracts being provided to each resident since the previous HIQA inspection. Easy -to -understand versions of each residents contract were offered to be placed in their bedrooms but two residents declined this option and this was respected.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre. The document contained all the information required under Schedule 1 of the Regulations and had been submitted as part of the provider's renewal of registration application. Minor changes were made to the document in advance of this inspection taking place and re-submitted by the provider.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge had ensured persons who were volunteering to work with the residents in this designated centre had been subject to the required vetting disclosures prior to commencing working in the designated centre. A resident living in one of the houses had the support of a volunteer regularly. The resident explained to the inspectors that this was a great resource for them to have and they were able to access social events and community activities with this person.

- Each person was made aware of their role and responsibilities.
- Each person was in receipt of supervision and support with the provider employee relations department maintaining oversight.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that a written report had been provided to the Chief Inspector at the end of each quarter as required by the regulations. The reports submitted were reflective of changes to the residents in receipt of services in the designated centre and subject to regular review by members of the multi disciplinary team.

The person in charge had ensured the Chief Inspector had been notified in writing within three working days of all adverse incidents. There was evidence of review and recommendations to reduce the risk of similar incidents occurring which included measures and controls in place to reduce the risk of occurrence of medication errors which included additional staff training where it was deemed necessary.

In addition, the provider had ensured following the February 2025 inspection retrospective notifications had been submitted to the Chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a complaint policy was in place and subject to review by the provider. Details of who the complaint officer was were observed to be available within the three houses of the designated centre.

- The provider had introduced a feedback process since the previous inspection

in February 2025. The staff team had received two compliments from family representatives.

- Residents were supported to have information available in a suitable format regarding the process to make a complaint.
- The person in charge completed quarterly audits of the complaints/feedback process.
- Complaints that had been made since February 2025 had been reviewed and responses/actions taken to address the issues raised with the satisfaction of the complainant documented. For example, a relative had documented a concern they had in the feedback process relating to their relative during consultation as part of compiling the annual report. This was subsequently managed as a complaint. The person in charge spoke with the complainant, the resident and the quality and risk manager to ensure there were no concerns. The complainant was satisfied with the review completed and the response they received.
- There was one open complaint at the time of this inspection. It was made by a resident in June 2025 and it related to a process where the resident was advised they were unable to purchase a present for staff. The inspectors were informed the receipt of gifts from residents was not allowed and was part of the provider's protocols for staff supporting residents. However, the resident had expressed they wished to purchase a gift. The person in charge and senior management accept the resident has the right to make choices on how to spend their money. As a result of the complaint being made input from the quality and risk department was requested and further review has been requested by senior management from the provider's national human rights officer regarding this matter. The resident has been kept updated on the review that is taking place by the provider of their complaint.

Judgment: Compliant

Quality and safety

Overall, there was evidence that the provider had sought to address issues identified in the previous HIQA inspection to ensure residents were being provided with a consistent service and in receipt of care and support in line with their assessed needs and expressed wishes. The provider was able to demonstrate pro-active steps that were in process to support a resident who had expressed a wish to semi -retire. In addition, some premises works had been completed and work was progressing to permanently address ongoing issues with dampness in two of the houses.

The inspectors focused this inspection on regulations that had not been deemed to be fully compliant in the previous HIQA inspection in February 2025. The inspectors did not review regulations that had been deemed to be compliant during that

inspection which included Regulation 26: Risk management and Regulation 13: General welfare. However, it was evident the provider was ensuring ongoing monitoring of all regulations in audits that had been completed since the previous HIQA inspection.

Each house was noted to be clean, well-furnished and decorated with residents personal items such as pictures. Each resident had their own bedroom which had their own personal items of interests displayed. A resident who had indicated to the inspectors during the February 2025 inspection that they had an issue with a door in their bedroom had subsequently changed their mind and declined any action or works to take place to change the appearance of their bedroom. It was documented the resident could discuss the matter at any time with the person in charge if they choose to change their mind. The inspectors were provided with a detailed list of all three buildings which outlined required upgrades and maintenance works. This had been compiled by the person in charge and the service manager since the previous inspection and this would inform the schedule of planned works going forward for this designated centre.

A full review of ten personal plans had been completed since the previous inspection with the final two plans scheduled to be competed in the weeks after this inspection. Key workers were provided with support and training to ensure consistent formats and documentation review was to be completed. The inspectors reviewed different sections of five personal plans during the inspection. While the inspectors did notice some gaps, in particular with documenting the progress of goals for a resident, there was evidence of residents being supported to identify meaningful goals. Input from the provider's transforming lives co-ordinator, PCP enabler and person in charge ensured residents and the staff team were being supported to develop a person centred approach to enhancing personal plans and goals.

Residents were attending day services regularly, one resident was retired and followed their own routine which included staying in the house without staff supervision. Residents frequently engaged in social activities and utilised local services such as barbers, beauticians and hairdressers. Each house had a dedicated transport vehicle available to them. In the event a staff member was not able to drive residents could be supported to access a taxi to attend planned activities. The recent introduction of a second staff resource between the houses over the weekends was welcomed by the residents.

The inspectors were informed of the increased supports required by some residents in recent months which included ensuring one resident always had the support of a staff member being in the house when the resident was present. This had been a required change to previous arrangements and the resident was aware. The staff explained the ongoing supports and monitoring being provided to the resident while still maintaining as much independence as possible. Another resident who was aging and wished to semi- retire had expressed their wish to reduce the number of days they attended day service each week. The provider was unable to facilitate the request at the time of this inspection but was completing an assessment of the staffing needs in the designated centre. The inspectors were informed it is the provider's intention to support the residents to remain in their homes with the

required staffing resources to support their assessed needs.

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the assessed needs of residents living in the designated centre. All three buildings were found to be clean, well ventilated and comfortable. The communal spaces enabled residents to interact with their peers and staff if they wished to do so.

- The provider had addressed/was actively progressing to address the issues identified in the previous HIQA inspection. The inspectors acknowledge that some maintenance work had been completed since the previous inspection which included replacement of a front door, new couches and refrigerator and internal painting in one of the houses. An ensuite had been upgraded in another house.
- A detailed review of all maintenance requirements within the three houses had been completed since the previous inspection by the person in charge and senior management. This review included rationale for prioritising the outstanding planned works, the expected time lines and who was responsible. To ensure on going oversight and effective communication the service manager had regular meetings with the tenancy agency to monitor the progress of planned works.
- At the time of the inspection, one bathroom was unavailable for use as upgrade works were being completed which included the removal of a bath after consultation with the residents in the house. Alternative temporary arrangements had been made with a resident who had an ensuite so that their two peers could use the shower facility while upgrade works progressed in the main bathroom.
- The provider had scheduled works planned by an external contractor for two of the houses which included a permanent solution to address dampness and subsequent internal painting. Residents had been supported to choose colours for communal areas during resident meetings.
- The inspectors had identified during the inspection some damage to furniture in one of the houses which included a couch and office chair. This was discussed during the feedback meeting at the end of the inspection.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining

the services and facilities provided in the designated centre in an appropriate format. Minor changes were made to the documents in advance of this inspection taking place and re-submitted by the provider. Each house in this designated centre had their own specific residents guide available which was reflective of the specific house for which it was developed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems which included weekly, monthly, quarterly and annual checks being completed. The person in charge had also ensured a fire safety folder was in place which was subject to recent review in June 2025. On review of one such folders in one of the houses it had been signed by 10 staff that they had read and understood the contents of the fire safety folder.

- All residents had a personal emergency evacuation plan (PEEP) in place. These were subject to regular review and were reflective of the supports and prompts that may be required for each individual.
- No exits were observed to be obstructed during the inspection.
- All staff had completed up-to-date training in fire safety.
- The fire evacuation plan for each house had been reviewed in October 2025
- Regular fire drills had taken place including a minimal staffing fire drill in each of the houses. Documentation of the fire drills included the time lines and a senario of where a fire may be located during the drill. However, it was discussed during the feedback meeting that including details of which exits were being used would be of benefit to ensure residents and staff were using the nearest exit to the them. For example, during one drill a senario of a fire in the hallway while two residents were in the kitchen did not clearly identify which exit the residents used to evacuate from.
- The provider had systems in place to ensure external contractors completed annual testing of fire alarms and emergency lighting. However, the annual certificates for 2024 had been archived, in error, prior to this inspection and were not available for review The inspectors acknowledge that documentation of the quarterly testing of these systems during 2024 and to date in 2025 were available for review on the day of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed different sections of the personal plans of five of the

residents during the inspection. At least one plan from each house was reviewed. All were found to be subject to regular review in most sections of the plans. The person in charge also completed regular reviews of each residents personal plan. Two residents had requested the inspectors not look at their personal plans and this was respected.

- Annual person centred planning meetings were held with residents which reviewed the previous years goals and goals for the year ahead. Residents were supported in developing and exploring their interests and goals with the providers PCP enabler. Since the last inspection in February 2025, the inspectors noted that recordings of goals had a person centred approach to them.
- Since the previous inspection, ten of the personal plans for the residents in the designated centre had been subject to audit by the provider's personal care plan facilitator and the remaining two were scheduled to be reviewed in the weeks after this inspection with the same facilitator.
- The inspectors observed personal goals for the most part had been well documented with monthly progress notes in place. For example, one resident had a goal set in October 2025 to be supported with their role of enjoying music by planning karaoke nights and planning to attend different music events. However, in one personal plan reviewed there was no documented evidence that the resident had been supported to achieve the goals identified. For example, an inspector reviewed three of the resident's goals which had been set in November 2024, December 2024 and February 2025. One of these was to explore gardening and create a floral display, while another was to support the role of a toy collector. The inspector did note that the personal plan had been audited in May 2025 and identified actions for the resident’s goals to be re-structured and to ensure goals were using the provider's system for developing goals. The inspector noted that the goals had been reviewed to ensure a plan was in place to support the resident to achieve a short and long term plan. However, no evidence of recording was present on progressing the goals.
- Further review of one resident's mobility plan of care was required to ensure it contained up-to-date information. The inspectors were informed the resident had a wheelchair in place to support any long day trips or outings. but this was not reflected in their care plan.

Judgment: Substantially compliant

Regulation 6: Health care

The person in charge ensured each resident who required a " My plan of care" which identified any healthcare needs, was provided with such a plan. These plans were seen to be recently reviewed and contained information to support staff to assist residents. The healthcare plans included information about the healthcare

need, interventions in place and clear information on how to support the residents.

The inspectors reviewed a selection of these plans. For example, one resident with asthma had a support plan in place which had guidance on triggers, information on how to identify if the resident needed support such as when coughing, wheezing and medications prescribed to the resident. A resident's medications for an ongoing medical condition were under review by their consultant and general practitioner. Another health care plan in place to support a resident with effective elimination documented the required observations, monitoring and supports for the resident. Staff were also ensuring to consistently use a record as identified in the resident's care plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage challenging issues. The provider ensured that all residents had access to appointments with health and social care professionals as required.

- All staff had completed training in positive behaviour support.
- Two residents had positive behaviour support plans in place which were due to be reviewed by the clinical nurse specialist in behaviour support. Both of the plans had been developed in 2018 by a specialist employed by the provider in conjunction with the staff team and multi-disciplinary team. There was documented evidence of recent review in July 2025 by the person in charge and person participating in management.
- Each resident' s behaviour support plan was noted to contain clear information on how to support the resident . This included triggers, re-active, pro-active strategies, behaviours displayed and de-escalation techniques.
- One resident had social stories to be used daily, to support them with appropriate social responses in particular situations, as per the recommendations of the MDT. When an inspector first asked to review the social stories these could not be located, shortly afterward these were found and reviewed by the inspector. A sample of daily notes were reviewed from September 2025 and it was documented that plans of care were followed.
- One resident was being supported with a mental health plan which was reflective of increased supports being required by them due to a change in their assessed needs in recent months. The resident had the ongoing support and input of the MDT.
- Minimal restrictions were in place in one of the houses to support the well being and safety of residents. A specific restriction had been identified as being required in May 2025 which remained under ongoing review at the time of this inspection and all residents were aware of the restriction being in place. Staff support was available as required.
- Staff were also documenting daily a mood chart for a resident to provide

additional information to allied health care professionals regarding the well being of the resident and will be used to inform any future supports required to be provided to the resident.

Judgment: Compliant

Regulation 8: Protection

At the time of this inspection, all staff had attended up-to-date training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There were no open safeguarding plans in the designated centre at the time of this inspection. The inspectors were provided with updated information regarding a safeguarding plan that had recently been closed and was continued to be monitored. This included actions that had been taken/were in place to effectively support the particular residents.
- All staff spoken too during the inspection were aware of the possible indicators of abuse taking place and the process to report any concerns if required.
- The personal and intimate care plans promoted the residents rights to privacy and bodily integrity during these care routines. These had been subject to regular review and updating as changes occurred with individual assessed needs in recent months.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

- Residents were supported to attend advocacy meetings or receive updates from such meetings regularly.
- Residents were being supported to be informed to vote if they choose to do so in the upcoming presidential election.
- Residents were supported to maintain meaningful links with relatives, friends

and peers.

- Residents were supported to attend day services, college, work and other training opportunities.
- Residents were being supported for the most part, to attain personal goals and identify activities in which they had an interest such craft work. For example, one resident hoped to attend a craft workshop and another resident was actively creating jewellery.
- All residents were supported to have access to their finances. The provider had conducted a review of residents finances since the previous inspection and identified an error had occurred when some residents had transferred their finances to different type of bank accounts. Standing orders had remained in place. All issues had since been resolved and the residents were fully informed of the issues and kept updated as the issues were resolved.
- Residents meetings were documented as taking place monthly. Topics discussed included complaints, compliments, charter of rights, safeguarding, respecting peers and fire safety, In addition, house specific issues/developments were also included such as planed works & new furniture. Residents were also provided with the opportunity to express how they were feeling. One such meeting documented a resident stating they were happy and treated fairly.
- During the inspection staff were seen to be familiar with residents preferred routines and preferences and observed to interact with each resident with professionalism and respect.

However, while the inspectors acknowledge the provider is seeking to support an expressed wish of a resident to semi -retire at the time of this inspection they were unable to choose to remain in their home and not attend day service due to the current staff resources in place.

In addition, residents in two of the houses told both inspectors that they would like staff to be able to spend quality time with them, to sit and chat and not have to complete so many administrative duties while on duty. The inspectors acknowledge that the person in charge had made some changes to a number of administrative duties that had previously been required to be completed by staff on duty. However, there was still a lot of administrative burden on lone workers in each of the houses which required their attention on each shift and this could impact residents being able to interact at times with the staff.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Community Residential Service Limerick Group A OSV-0003939

Inspection ID: MON-0046828

Date of inspection: 21/10/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All goals have been reviewed to ensure they are being actioned and progressed. All goals are being tracked monthly and reviewed with the resident. This was discussed at staff meeting on 04.11.2025. Mobility plan of care for one resident has been updated to include all relevant, up to date information.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider will review the assessed needs of all the individuals in this group and the supports they require.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	27/11/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his	Substantially Compliant	Yellow	27/02/2026

	or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	27/02/2026