



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 C
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	10 July 2025
Centre ID:	OSV-0003941
Fieldwork ID:	MON-0046835

About the designated centre

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

This designated centre comprised two houses within one kilometre of each other. A full-time, residential service is provided in both houses. The houses are located in suburban, residential areas on the outskirts of Limerick city. One house is a bungalow, the other a two-storey house. The centre is registered to accommodate eight residents, four in each house. There is a self-contained area for one resident in one of the houses. Both houses are within walking distance of a range of amenities, including public transport routes. A social care model of support is provided in the centre by a team of social care staff and care assistants led by the person in charge. There is one sleepover staff in each house by night. Senior management and nursing support is available from the provider's main campus which is located nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 10 July 2025	09:00hrs to 17:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre of Group C. The centre was registered with a capacity of eight adults. On the day of this inspection the inspector met with all eight of these residents at different times during the day.

This designated centre had previously been inspected on behalf of the Chief Inspector in June 2023. The actions identified during that inspection were found to have been addressed by the provider. This included completion of structural repair works to one of the properties. The residents living in this property informed the inspector they were very happy with the standard of the works completed and were glad to be back in their own home.

On arrival at the first house, the inspector introduced themselves to the staff member and was advised two of the residents living in the house had already left to attend their day service. The inspector was introduced to another resident in the conservatory who spent some day time hours each week in this designated centre but was in receipt of residential services in another designated centre run by the same provider. The resident explained they were retired and enjoyed going to a retirement group one day each week. They also attended other group activities in the community and enjoyed spending time with peers who lived in this designated centre. The staff member was observed to provide a hot drink and explain the plans for the day to the resident who had only arrived a short time before the inspector. The staff member was observed to provide re-assurance to the resident regarding the plans for a social outing for the day ahead which included how the plans were only confirmed late on the previous evening.

The inspector spoke with another resident after they had completed their morning routine. The resident explained that they were planning to visit a sibling in another county and two peers were going to go with them for the social outing. The staff member explained the resident would be able to visit their relative while the other two residents and the staff member would go to a scenic location nearby. The resident stated to the inspector that they were very happy to be supported to visit their relative. Later in the afternoon on their return the resident reported they had found their relative was doing well.

The same resident was very complimentary of the supports being provided to them in the designated centre by the staff team. They outlined how the staff listened to them and followed up if any issues arose. The resident outlined some of their achievements which included advocating for other peers with local politicians and representatives. They had been involved in discussions regarding the positioning of a public bus stop to better meet the needs of those with mobility issues and to make the location safer for all passengers. The resident spoke about how they volunteered their time in a number of community settings each week. The resident explained how they had advocated on behalf of others in public forums. They spoke of the

recent admission of a new resident who appeared to them to have settled in very well. They also proudly showed the inspector plants that were thriving in the garden which included some vegetables and fruits.

Another resident was introduced to the inspector as they arrived into the kitchen to commence their breakfast after having a planned late start to their day. Staff explained the resident liked to rest in the mornings and this was facilitated by the staff team. In addition, the inspector was informed the resident liked to attend to particular household chores and these were observed to be completed by the resident before they had their breakfast. The resident communicated with limited words and gestures. The inspector observed the staff present were familiar with the resident and were able to understand what was being communicated during their interactions. This included informing the inspector about recent birthday celebrations, favourite possessions which were on display and looking forward to going out for the day.

Later in the afternoon the inspector was introduced to a resident who had recently moved into the designated centre. Staff had reported to the inspector that the resident had appeared to settle in well and was familiar with the other residents living in the house prior to moving in. The design and layout of the bungalow was reported to better suit the resident's assessed needs. The inspector spent a little time with the resident as they rested in the conservatory after returning to the house. They were observed to be smiling and engaging with the staff and other peers. They indicated they were happy in the house and were later observed to be involved in group interactions during their evening meal with two other peers and a staff member.

The inspector was informed that the fourth resident who lived in an apartment style annex attached to the bungalow was available to meet with them in the afternoon. The inspector acknowledges that while they knocked on the door before being given permission to enter the apartment the inspector did not enter or leave the apartment via the resident's front door. The inspector entered through an access door from the hallway in the house. The inspector advised during the feedback meeting with management that they had only realised afterwards that they had used the incorrect access point and wanted to convey an apology to the resident.

The resident requested that the staff member remain in the apartment while they spoke with the inspector. The resident informed the inspector that they were very happy living in their apartment. The area was decorated to a very high standard and the resident was very proud of their home. The resident spoke about their day service and friends that they frequently engaged with. They spoke about their plans for the evening which included attending a disco with peers. The resident was observed to interact in a jovial manner with the staff member supporting them. There was a discussion around household chores and participating in meal preparation in the apartment. The resident informed the inspector they knew how to make a complaint. The resident also spoke of how they enjoyed occasions of spending time with other peers in the house once it suited all parties, for example, to celebrate birthdays. The resident was also looking forward to spending time with

their family. A sibling was to collect the resident the day after the inspection and the resident was planning on spending the weekend with relatives.

The inspector visited the second house in the afternoon when some of the residents had returned from their day service. The inspector was welcomed into the house by a resident and staff member. Three residents spoke with the inspector in the sitting room. Each resident was afforded the opportunity to contribute to the conversation. The residents spoke about how they had been supported in other designated centres while extensive repair works were being completed to their house. All were delighted to be living back in their home and did not want to leave again. One resident appeared more reserved in the conversation but smiled when their pet was mentioned. The inspector was informed of the pet's name and that it was the fifth member of the resident group. All of the residents spoke with affection about the pet, whose bed was located in the sitting room. The pet was enjoying the sunny weather in the rear garden and declined an invite to come in to meet the inspector.

The residents spoke about how they enjoyed activities independently, travelling on public transport and spending time with friends. Two of the residents had found a recent visit to Lourdes in June 2025 with a community group to be a very positive experience for them. The residents spoke about household chores, looking after garden plants and plans for the evening which included two of the residents attending a mindfulness group and a disco later on. One resident showed the inspector their bedroom which was filled with many personal possessions. This resident spoke of a goal to visit another country in 2026 and they had commenced saving for the trip.

The inspector met with the fourth resident when they had arrived back to the house after attending their day service. The resident spoke with the inspector in the kitchen and proudly listed their plans for upcoming holidays for a week to another country while their day services were closed. They also outlined how they had been saving regularly to attain a long term goal to visit another country. This was planned to take place in October 2025. The resident spoke of their current health issues and measures they were taking to address the symptoms they were experiencing.

A central topic of conversation among this group of residents was the change in the planned meal for the evening. The staff on duty had noticed at the start of their shift that the evening meal had not been prepared the previous evening and there would not have been enough time to prepare the planned meal. One resident explained how the staff on duty on the day of the inspection had contacted them on their mobile phone to inform them that there was a change required and discussed an alternative option. The resident explained to the inspector how the group had made decisions earlier in the week regarding meal planning and was disappointed their planned menu was changed. The staff member was observed to assure the residents that the meal was in the process of being prepared and would be ready for the following day. Residents appeared to be happy with this outcome. Another topic of discussion centred around having staff resources to complete individual activities. Residents explained that while they enjoyed their independence at times they also

would like more opportunities to have a staff member spend time with them when engaging in social activities at weekends and at other times.

All staff spoken too were familiar with the assessed needs of the residents. The inspector met with three staff who were directly supporting residents during the inspection. Staff were aware of the preferences, preferred routines and key working roles with residents. For example, one resident and their key worker were actively reviewing and progressing with plans to attain a long term goal to visit a particular theme park during 2026. Staff were also observed in both houses to speak with the residents regarding the arrangements to assist them attend the social activity later in the evening if they wished to do so. However, on review of the documented progress of one resident's goals it was evident they had not attained a goal in June 2025 due to circumstances outside of their control. This will be further discussed in the quality and safety section of this report.

The inspector observed a range of information available for residents pertaining to their rights throughout the designated centre. These included easy-to-read leaflets, newsletters, posters and details of who the designated officer and complaints officer was. There was information regarding assisted decision making. The provider was actively supporting residents to engage in activities which supported them to become more informed about their rights.

The atmosphere throughout the designated centre was observed to be relaxed and calm. The privacy and dignity of residents was observed to be consistently respected by all staff members. This included respectful greetings, seeking consent before entering private areas and introducing the inspector. In addition, the planned weekly fire alarm check was completed in one of the houses while the inspection was taking place and the staff member ensured each resident was informed it was a test and there was no need for them to evacuate on this occasion. There was space for residents to spend time with peers if they choose to do so or be alone. Individual interests and hobbies were encouraged. For example, gardening and growing of plants was taking place in both houses. The inspector was informed by one resident how they were supporting another resident by watering their plants in the warm weather.

In summary, residents were being supported by a dedicated staff team. Regular routines were being supported as well as expressed wishes such as delayed morning routines or visiting relatives. Residents were being supported to maintain their independence, develop and enhance skills such as money management and using technology. Residents spoke about their rights, were supported to attend advocacy meetings and informed the inspector that they felt safe. Residents were informed about safeguarding and were aware of how to make a complaint. The inspector acknowledges that a review of the staffing resources in one of the houses in this designated centre was undergoing review. However, at the time of this inspection further review was required to ensure all residents were consistently supported to attain planned goals.

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 good quality care and support. This resulted in positive outcomes for residents in relation to the wishes they were expressing regarding how they wanted to spend their time in the centre and live their lives in the community. There was evidence of ongoing oversight and monitoring. The management systems were effective in ensuring the residents received a good quality and safe service. The provider had also ensured all actions from the previous inspection by the Chief Inspector of Social Services in June 2023 had been addressed.

The person in charge was not available to meet the inspector on the day of the inspection. However, it was evident the staff team on duty were familiar with the assessed needs of the residents. All documentation that was requested for review was provided throughout the inspection. The person participating in management was also unavailable. However, two clinical nurse managers familiar with the residents and the designated centre were available to ensure requested documentation, information or updates were provided to the inspector as required.

The provider demonstrated that they had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the designated centre. This included ensuring all staff had up-to-date knowledge on the effective safeguarding of residents while supporting their human rights. Residents were being supported by a core team of staff members who were familiar to the residents and aware of individual preferences, routines and assessed needs.

During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, residents were observed to discuss plans for the day ahead with a staff member. A resident who wished to change their morning routine was listened to by the staff member supporting them. While the resident's wishes were acknowledged by the staff member, they were advised in a very considerate manner that there was plenty of time to complete their routine but if they chose to wait until later in the day this would be supported. The resident appeared to be content with this response. Another resident spoke about their request for a particular staff to help them with their make-up in advance of going to a social event in the evening. Other residents were observed conversing with another staff member regarding their individual plans for the evening.

The focus of this inspection was on safeguarding practices in the centre in keeping with a programme of inspections started by the Chief Inspector during 2024.

Overall, no immediate safeguarding concerns were identified during this inspection and it was found that the monitoring practices for this centre did consider matters related to safeguarding. Staff spoken to demonstrated their knowledge around the types of abuse that can occur and relevant national standards. Staff also outlined specific protocols that were in place to provide specific support to one resident. All staff had attended relevant training and regular staff meetings were taking place with the person in charge in attendance.

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents. Staffing resources were in line with the statement of purpose. There was a consistent core group of staff, familiar to the residents working in the designated centre. The person in charge worked full time and their remit was over this designated centre. There was evidence of ongoing review by the provider to ensure adequate staffing resources were available to support the assessed and changing needs of each resident.

- There were no staff vacancies at the time of the inspection. There were regular relief staff working in the designated centre to fill gaps in the rosters as required. There had also been a requirement for agency staff to work in the designated centre on occasions where gaps had arisen at short notice.
- A selection of dates on actual and planned rosters since the 20 April 2025, 12 weeks, were reviewed during the inspection. These reflected changes made due to unplanned events/leave. The minimum staffing levels and skill mix 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 all shifts and the role of each staff member.
- The person in charge also ensured details such as planned closures of day services in the weeks after this inspection were reflected on the planned rosters and staffing resources were scheduled to support residents with alternative activities during this time.
- The shift pattern in one of the houses was reflective of the supports being provided to one of the residents. There was an overlap of staff for one hour in the mornings which ensured the resident's morning routine could be facilitated while the handover was being given to the other day staff in the house.
- The person in charge worked with the residents and the staff team regularly.
- Staff resources were utilised to support residents engage in individual activities on occasions when other residents were away from the designated centre on planned visits with relatives or friends.
- At the time of this inspection the staff resources available to the four residents living in one of the houses was under review by the provider to

ensure each resident was being afforded sufficient opportunities to engage in one-to-one activities with a member of the staff team if they chose to do so.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection 11 staff members including the person in charge worked regularly in the designated centre. This included social care workers and regular relief social care staff.

- The inspector reviewed a detailed training matrix which indicated all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents while ensuring their safety and safeguarding them from all forms of abuse. These included training in mandatory areas such as safeguarding.
- The person in charge had ensured regular review of this training matrix was taking place. In addition, the inspector reviewed documentation where staff were reminded to provide updates and evidence of completed training by the end of each month to the person in charge.
- From the training records reviewed some staff had also completed non - mandatory training such as social role valourisation, assisted decision making and human rights.
- On the day of the inspection updated information was provided to the inspector regarding the training completed by one staff member. The training matrix was subsequently updated to reflect the refresher training that had been completed to date by the staff member following a recent return to work after an extended period of leave.
- The inspector was informed of the provider's processes regarding the training completed by staff employed by external agencies and who had worked on occasions in this designated centre. The provider has a service level agreement in place which includes that such staff have minimum training completed which includes safeguarding.
- Staff spoken to during the inspection outlined how the scheduled supervision of the staff team was progressing. The person in charge had completed supervisions with seven of the core staff team during February 2025. Planned supervisions for the current team were scheduled for August 2025. This was documented in the staff office and staff were aware of the dates for their next planned supervision when speaking with the inspector. Where supervisions had not occurred during February 2025 the rationale for this was documented or the inspector was informed. For example, one staff member had transferred from another location in recent months and others were on extended leave at the time and had since returned to work. These staff were being supported by the person in charge who ensured regular contact with all of the staff team.

- Where staff had returned from extended leave the person in charge had ensured that familiar staff were also on duty to ensure the assessed needs of all residents were being supported in areas such the administration of medications. On the day of the inspection the inspector was provided with updated information in relation to two staff regarding their refresher training in the safe administration of medications. The inspector was informed by senior management during the inspection that neither staff had been responsible for the administration of medications until they had completed this training. On review of a selection of the shifts completed by these staff another staff member was also on duty who had up-to-date training in the safe administration of medications.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre.

- 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 senior managers within the organisation.
- The provider had completed an annual review in November 2024 which identified the aging and changing needs of the residents in the designated centre. A review of the staffing levels and skill mix was undertaken. The inspector acknowledges that since the annual report was compiled one resident was supported to move to another designated centre with the same provider where the skill mix of staff which included nursing supports better suited the assessed and medical needs of that resident.
- The person in charge ensured quarterly staff meetings were taking place with the staff working in both houses. The most recent meeting was held in March 2025. The meeting notes included direction from the person in charge in relation to broadening the goals for some residents and the staff team to ensure consideration of each resident's assessed needs when planning their next holidays. The staff team also discussed the difference between a complaint and a safeguarding concern during their December 2024 meeting.

However, there were a number of repeat findings and actions documented in the provider's last two internal six monthly audits which had not been adequately addressed. These audits took place in May 2025 and August 2024 and the annual report completed in November 2024 also documented that not all actions from the August 2024 audit had been completed at that time. One of these repeated findings referenced that no residents financial audit had been completed in the designated centre during 2024 and to date in 2025.

Judgment: Substantially compliant

Quality and safety

The purpose of this safeguarding inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service which protected them from all forms of abuse, while promoting their human rights.

Residents were encouraged to build their confidence and independence, and to explore different activities and experiences. It was evident from observations made by the inspector and a review of documentation throughout the inspection, the staff team ensured residents were being supported to engage in various activities, had a routine that suited their assessed needs and had their voice heard.

The inspector reviewed a number of documents including individualised personal plans, risk assessments and relevant safeguarding information. It was evidenced that these documents were subject to regular review, were reflective of the input of the resident and person centred. Individualised personal plans had been updated to reflect the residents current and changing supports needs. This included a range of support needs for each resident with detailed guidance to promote continuity of care.

However, while there was documented progress of residents personal goals being developed and progressed for many of the residents this was not consistent for one of the residents. The staff team had developed personal goals in consultation with each resident which assisted with developing new skills and learning how to use different technologies, such as using the internet to book tickets for events. One resident had booked tickets and paid for them on line for a concert that was scheduled to take place on 21 June 2025. The update documented in the goal outlined that the resident had not attended as there was no driver available. The resident's daily communication notes for the same date and the following date did not make any reference to this or how the resident may have been impacted by the change of plans.

One resident was provided with social stories and informed of their transition to another designated centre due to an increase in their medical needs. The resident had been admitted to an acute hospital in January 2025 for the management of medical conditions. They were discharged into the other designated centre in May 2025. The resident has since continued to attend their day service and met with their peers from this designated centre. In addition, residents informed the inspector they had gone to visit their peer in their new home in recent weeks. Staff spoken with outlined how the resident appears to have settled in well, is tending to use communal spaces there more frequently and engaging in their preferred activities.

Another resident had required a medical procedure to be completed two months prior to this inspection. The staff spoke of how the resident was provided with

information regarding the procedure and able to give their consent for it to go ahead. The same resident had also required input from a dentist regarding a loose tooth. The inspector was told that the dentist took time to inform the resident of the options for treatment. The resident did not wish to have a procedure done and this was respected. The tooth subsequently fell out itself without any further issues for the resident.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

- Residents were encouraged to have their viewpoints and opinions listened to. One resident was part of the provider's advocacy group and had spoken to a group of reporters regarding how to interview a person with an intellectual disability.
- Residents had access to telephone, television and Internet services in line with their expressed wishes.
- The staff team were familiar with the preferred methods of communication used by each resident. Concise and up-to-date information was provided in residents' personal plans.
- During the inspection staff were observed to be familiar with the gestures one resident used to communicate their feelings/emotions. For example, the resident held the inspector's hand in a particular way. Staff explained this indicated the resident was happy.
- Staff were observed to respond to residents requests and offer choices known to be preferred to each resident, such as a preferred hot drink, completing household chores or assisting with meal preparations.
- Residents were provided with easy-to-read documents on a range of topics including safeguarding and assisted decision making.
- A social story had been developed with the support of the speech and language therapist for one resident to assist them in effectively communicating and linking in a positive way with important people in their life.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and assessed needs of residents living in the designated centre. Both 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 inspector was invited

to visit one resident's bedroom which was decorated to reflect the personal interests of the resident.

The provider had ensured all structural repair works had been completed in one of the houses. The residents had been consulted in the choice of decor before moving back into their home which they had vacated for over 12 months.

While a number of maintenance issues had been identified in audits and mentioned in residents meetings during March, April and May 2025, at the time of this inspection these actions had been completed. This included the removal of a side gate and fence that had been damaged and the replacement of some bathroom fittings that had rust on them.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which provided for the identification, assessment and management of risk. This policy also outlined the measures to mitigate specific risks as required under this regulation including unexpected absence and self-harm.

The provider had ensured there were processes and procedures in place to identify and assess centre specific and individual risks. The person in charge had reviewed the risk register for the designated centre in February 2025. It was evident pro-active measures were working effectively to support the provision of safe services to residents. For example; the ongoing review of medication management and manual handling practices within the designated centre.

In addition, individual risk assessments were reviewed and updated every six months or if there were changes for any resident. For example, one resident had measures in place to safeguard them in a particular situation. This had been reviewed and updated by the person in charge in February 2025. Another resident had a health screening completed in April 2025 and the risk of falls was reviewed which had additional control measures documented including further screening in 12 months.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of five personal plans over the course of the inspection. Each resident had an assessment of need and personal plan in place. These plans were found to be well organised which clearly documented residents'

needs and abilities. There was evidence the residents had been consulted in the development of their personal plans. The language used was respectful and considerate of each resident.

Detailed healthcare plans were in place, aged related health screening was also being supported. The inspector was informed that a number of residents required ongoing supports and input to manage issues relating to their age, health and well being. This included access to consultants and allied health care professionals. Regular follow up appointments and counselling with psychology input was also available as needed. Two residents informed the inspector the medications prescribed for them were working to relieve symptoms that they had been experiencing for a specific age related condition. They reported they were feeling much better and coping with everyday activities.

Residents were supported to identify varied goals that were meaningful to them, For example, creating a photo album of important places visited by a resident, day trips to tourist destinations by train, hold an art exhibition. These goals were either attained or in progress. However, a planned attendance by one resident to a concert in June 2025 did not go ahead. The documented rationale in the progress notes for the goal stated there was no driver available. The inspector acknowledges that the provider did have systems in place to support residents to have access to transport such as taxis but these were not utilised on this occasion. This will be actioned under Regulation 9: Residents rights

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 allied health care professionals such as, psychiatry, psychology and behaviour support specialists as needed.

Where a resident required a positive behaviour support plan, these were in place. These plans were subject to regular review. For example, one resident had proactive strategies in place that were deemed to be working well for them. These included dedicated staff for set hours each day of the week including weekends. Effective ways to communicate with the resident were also outlined for staff and guidelines on interactions with peers.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- The provider had ensured a policy for the protection and welfare of vulnerable adults and the management of the allegations of abuse was in place and subject to regular review. The current policy had been approved by the provider in May 2024.
- There was one open safeguarding plan at the time of this inspection. This was subject to ongoing review and supports were being provided to the resident relating to their positive communication with relevant parties.
- There were two closed safeguarding plans at the time of this inspection. Both were subject to ongoing monitoring with documented directions for staff in the event of similar incidents occurring.
- Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.
- Residents were provided with information, assisted and supported to develop knowledge and self-awareness and skills needed for self care. This included awareness of on-line safety and money management.

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.
- Staff rosters were flexible to support the specific routines of individual residents.
- Residents were actively participating in their local communities if they choose to do so.
- Residents were supported to maintain links with relatives, friends and peers
- One resident had been supported to seek an independent advocate in June 2025. When informed there was a back log of applications the resident's keyworker and person in charge sought additional support within the provider's organisation to assist with progressing the application as quickly as possible.
- One resident had been recently supported to transition to the designated centre and the staff team and multi-disciplinary team were scheduled to meet

to review the services being provided to the resident including their day service. Staff explained the resident was being afforded time to process the changes to their home before any further changes to the provision of their day service would be considered with the resident.

However, further review was required to ensure all residents were consistently supported to exercise choice and control in their daily lives. In particular, to attend planned activities for which the resident had already paid for themselves. In the event that circumstances arise outside of the resident's control the financial impact should not be borne by the resident. The inspector acknowledges they were informed during the feedback and on the day after the inspection of a review by management of this matter.

In addition, residents in one of the houses had made a meal choice for the day of the inspection that had not been prepared the day prior as would be the usual routine. There was no update provided to the residents before they left to attend for their day service that morning and the staff coming on duty had to make alternative arrangements. This was described by residents as being disappointing as they were looking forward to the particular dish that had been planned. The inspector acknowledges that the staff on duty on the day of the inspection assured the residents that the meal had been prepared and would be ready for them to enjoy the following day.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially 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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Community Residential Service Limerick Group C OSV-0003941

Inspection ID: MON-0046835

Date of inspection: 10/07/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Actions from all audits have been reviewed and actioned, compliance log reviewed by PIC, PPIM and service manager on 06.08.2025. Financial audit was completed since inspection on 23.07.2025. All staff training has since been completed and will be managed on an ongoing basis.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Resident received an apology for this, and had money for planned outing reimbursed to her account on the day after the inspection. Resident has booked and will be attending a concert on 12.08.2025. PIC and PPIM discussed with all staff that activities are never cancelled due to transport issues. Service Manager discussed this with all PICs at Governance meeting on 29.07.2025. Memo sent out to all areas highlighting this also on 15.07.2025. The residents were supported to make a complaint in relation to meal planning. This was discussed at residents' meeting, and all staff were made aware of the meal planner and to ensure that this is followed. This will be discussed at next staff team meeting also on 19.08.2025.	

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 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.	Substantially Compliant	Yellow	13/08/2025
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	19/08/2025

