Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Anne's Residential Services Group A
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	29 May 2025
Centre ID:	OSV-0003944
Fieldwork ID:	MON-0047209

About the designated centre

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

St Anne's Residential Services Group A is a designated centre operated by Avista CLG. It provides a residential service to a maximum of five adults with a disability. The designated centre is located on the outskirts of a town in County Tipperary with access to facilities and amenities. The designated centre comprises of one dormer bungalow in a campus setting. The house consisted of five individual resident bedrooms, clinic room, office, staff sleep over room, sensory room, open plan dining/living area, kitchen and a number of shared bathrooms. The designated centre is staffed by clinical nurse managers, staff nurses and care staff. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 29 May 2025	09:30hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor on-going compliance with the regulations with a specific focus on safeguarding. This inspection was carried out by one inspector over one day.

The inspector had the opportunity to meet with three residents over the course of the inspection. The residents used alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. The inspector also met with the person in charge and two staff members.

On arrival to the house, the inspector observed the three residents being supported to prepare for the day. Two residents were in the sitting room in their preferred seats. The inspector was informed that one resident chose to have a lie in and this was respected. The residents were well presented and the inspector observed positive interactions with the staff team. One resident was observed hugging staff while another appeared to enjoy their company next to their seat.

Later in the morning, one resident went for a walk and another resident went for a trip into town for coffee. In the afternoon, the residents were observed returning to the centre. A massage therapist arrived in the centre in the afternoon for one resident. Overall, the residents appeared happy and comfortable in their home and in the presence of the staff team.

The inspector carried out a walk through of the house accompanied by the person in charge. The dormer bungalow formed part of a campus based setting, the house consisted of three individual resident bedrooms, two vacant bedrooms, clinical room, office, staff sleep over room, sensory room, open plan dining/living area, kitchen and a number of shared bathrooms. The inspector found that the centre was decorated in a homely manner with residents' personal possessions throughout the centre. All residents had their own bedrooms which were decorated to reflect the individual tastes of the resident.

The designated centre is located in a campus based setting. The provider had self-identified that the location, design and layout of the premises was not suitable in the long-term to meet the residents' assessed needs. The inspector was informed of advanced plans in place to move the three residents in this designated centre to a community based service. This is the last group of residents to move from the campus based setting, with a total of 18 residents successfully moving from the campus based setting to community settings over the last couple of years.

At the time of the inspection, the designated centre had access to one vehicle to support the three residents. The inspector was informed at weekends the centre had access to other service vehicles. This meant that there were occasions were there

was limited access to transport. The inspector was informed that the provider was in advanced stages of securing an additional vehicle for the service.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. The residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner. There were minor areas of improvement in ensuring residents had sufficient access to vehicles in order for them to access the community when they so wished.

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

Capacity and capability

There was a clearly defined management system in place which ensured the service provided quality safe care and was effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a clear management structure in place. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review 2024, provider unannounced six-monthly visits and local audits. The quality assurance audits identified areas for improvement and action plans were developed in response.

The inspector reviewed the staff roster and found that the staffing arrangements in the designated centre were in line with residents' needs. Staff training records were reviewed which indicated that staff were up-to-date with their training needs and were appropriately supervised.

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was responsible for the day-to-day operation of one other designated centre operated by the provider. There was effective management and oversight arrangements were in place and the person in charge was supported in their role by experienced Clinical Nurse Managers in this designated centre. The person in charge demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the previous two months of rosters, the inspector found that there was an established staff team in place. At the time of the inspection, the designated centre was operating with one vacancy. The vacancy was covered by the existing staff team and regular relief staff. This ensured continuity of care and support to the residents.

The registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. The three residents were supported during the day by at least two staff members. In addition, a day service staff member supported one resident with activation during the week. At night, the three residents were supported by one waking night staff and one sleep over staff. The staff team were observed treating and speaking with the residents in a dignified and caring manner throughout the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records for the staff team, it was evident that the staff team in the centre had up-to-date training in areas including fire safety, de-escalation and intervention techniques, safe administration of medication, manual handing and safeguarding. Overall, this meant the staff team were provided with the required training to ensure they had the necessary skills and knowledge to support and respond to the needs of the residents.

There was a supervision system in place and all staff engaged in formal supervision. From a review of a sample of supervision records for two staff members, supervision meetings were occurring in line with the provider's policy. A supervision schedule was in place for the upcoming year.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was responsible for one other designated centre and was supported in their role by experienced Clinical Nurse Managers (CNM). The person in charge reported to Clinical Nurse Manager 3, who in turn reports to the Director of Services.

The designated centre was being audited as required by the regulations and an annual review of the service had been completed for 2024. The annual review demonstrated consultation with residents and/or their representatives as required by the regulations. The provider had completed six-monthly unannounced provider visits to the centre in August 2024 and December 2024. In addition, regular local audits had been completed in medication management, personal care plans and health and safety. The quality assurance audits identified areas of good practice and areas for improvement. Action plans were developed to address the areas identified for improvement.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had a system in place for the recording, management and review of incidents in the centre. The inspector reviewed a sample of incidents and accidents occurring in the centre in the last year. The inspector found that the Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided person-centred care and support to the residents in a homely environment. However, improvements were required in the premises and general welfare and development.

The inspector reviewed the three residents' personal files which contained a comprehensive assessment of the residents personal, social and health needs. The personal support plans reviewed were found to be up to date and to suitably guide the staff team in supporting the residents with their assessed needs. However, the transport arrangements required further review. This had been self-identified by the provider and the inspector saw evidence of advanced planning to secure transport.

Regulation 10: Communication

The residents used alternative methods of communication, such as vocalisations, facial expressions, behaviours and gestures to communicate their needs. Each residents' communication needs were outlined in their personal plans which guided the staff team in communicating with the resident. The staff team spoken with demonstrated an clear understanding and knowledge of the residents communication methods and were observed communicating with residents throughout the inspection. There was evidence of input from speech and language in relation to supporting residents communication. For example, the staff team had trailed assistance technology in relation to helping one resident communicate. Although the trail was unsuccessful, it evidenced that alternative methods of communication were considered for residents as required.

Judgment: Compliant

Regulation 13: General welfare and development

The personal plans identified meaningful goals that the staff team were supporting residents achieve. For example, one resident was an active member of the local men's shed. There was evidence that positive relationships with the residents' families were supported.

One resident supported with activation by a day service staff member during the week. The other two residents were supported by the residential staff with activation. The residents had identified personal goals and the inspector was informed that day service support was being explored for one resident.

As previously stated, residents had access to one vehicle. However, only one resident could access the vehicle at a time, which meant that the three residents could not travel together. The provider had identified that the residents required access to an additional vehicle to ensure that residents could access the community when they so wished. Although arrangements were in place to access additional vehicles when needed the securing of an additional vehicle would further enhance residents' quality of life. The inspector was informed that the provider was in an advanced stage of the tendering process for transport.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre was located a campus based setting. The premises was one dormer bungalow which formed part of four interconnected dormer bungalows with a central internal courtyard. The centre of three individual resident bedrooms, two vacant bedrooms, clinical room, office, staff sleep over room, sensory room, open plan dining/living area, kitchen and a number of shared bathrooms. Overall, the premises was decorated in a homely manner and generally well maintained.

The provider had self-identified that this premises was not appropriate in the long-term to meet the residents' needs. The provider was in advanced stages of de-congregating the campus and had supported 18 people to move to community based services. The provider had advanced plans in place to support the final three residents in this designated centre to move to more appropriate community based home. An application to register the new designated centre had been submitted to the Chief Inspector and was in process at the time of the inspection. There were transition plans in place with plans to move the residents to their new home over the coming months.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided the staff team in supporting the residents to evacuate.

The previous inspection identified that some improvement was required in the arrangements in place for the safe evacuation of all persons in the event of a fire, particularly at night-time. This had been addressed. There was evidence of regular fire evacuation drills taking place including an hour of darkness fire drill. The fire drills demonstrated that all persons could be safely evacuated from the designated centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the three residents' personal files. Each resident had a comprehensive assessment which identified the residents health, social and personal needs. This assessment informed the residents' personal plans to guide the staff team in supporting residents' with identified needs and supports. The inspector

found that the person plans were up-to-date and reflected the care and support arrangements in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and behaviour support guidelines were in place, as required. There was evidence that residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. At the time of the inspection, there were some restrictive practices in use in the designated centre. The previous inspection identified one restrictive practice in need of review. This had been addressed. From a review of records, it was evident that restrictive practices had been reviewed in line with the provider's policy to ensure restrictive practices were appropriate, proportionate and for the shortest duration necessary.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content and comfortable in their home. The staff team had up to date training in safeguarding vulnerable persons and demonstrated good knowledge of how to identify a concern and the steps to take in the event of a concern.

The provider had identified that additional supports were required in relation to one resident's access to aspects of their finances. The provider demonstrated steps taken to address this issue. This was in process at the time of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The residents living in the centre were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents. Weekly meetings were held with

residents which discussed plans and activities for the upcoming week. The staff team were supported to completed training in human rights.

There was evidence of reviewing plans to ensure they promoted and protected the residents' rights. For example, Do Not Resuscitate (DNR) orders were in place for some residents developed with clinicians and representatives. The inspector was informed that they were being reviewed with the organisation's Rights Officer to ensure that they were appropriate and in line with the will and preference of residents.

There was evidence that residents were involved in the upcoming move to their new home. For example, residents had visited their new home and were involved in picking colours, furniture and fittings for their new home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Anne's Residential Services Group A OSV-0003944

Inspection ID: MON-0047209

Date of inspection: 29/05/2025

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 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The vehicle is ordered and in the process of being built to meet the specific needs of the residents. It is the aim of the provider to have the vehicle in place as soon as possible.	

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	21/07/2025