



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 B
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	02 December 2025
Centre ID:	OSV-0003945
Fieldwork ID:	MON-0047935

About the designated centre

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

Group B : St. Anne's residential service is a residential centre located in Co. Tipperary. The centre can provide a service to six adults, both male and female over the age of 18 years with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers at all times. Supports are afforded in a person centred manner as reflected within individualised personal plans. Service users are supported to participate in a range of meaningful activities. The residence is two semi-detached homes with an interlinking corridor to the rear of the house which promotes a safe homely environment decorated in tasteful manner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 2 December 2025	09:30hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were empowered to make decisions about their care and support.

Overall, the inspector found high levels of compliance, there was some positive examples of how residents were supported to make decisions about matters that effect their lives. Residents were supported to understand their rights and their choices. However, the property was in need of improvement this is reflected under Regulation 17: Premises.

The centre has capacity to accommodate six individuals. On the day of inspection six residents were living in the centre, the most recent transition into the centre was in February 2025. The inspector had the opportunity to meet with all six residents throughout the inspection. In addition, the inspector met with two staff members, the person in charge and reviewed key documentation in relation to care and support needs to gather a sense of what it was like to live in the centre.

On arrival to the centre, five of the six residents had just left to attend day service. One resident remained in the centre supported by two staff at this time. They had retired from day service and were still in bed when the inspector arrived. This resident was supported up at a time of their choosing, they got dressed were supported with breakfast and went to the shop for the daily newspaper and out for lunch. When they returned the inspector spoke with them in the sitting room. They were very relaxed and enjoyed speaking about their peers, how they liked the centre and stated they were very happy. They also spoke about moving to a new centre, as a result of a change in needs they now required a downstairs bedroom, they told the inspector that their peers would visit them and they were looking forward to moving. They spoke about their belongings they wanted to bring and how their new room looked.

The inspector got to meet with another resident when they returned from day service around 15.00hrs. They were seen to come in and say hello to all the staff and person in charge. They spoke briefly to the inspector stating they had a good day, enjoyed their day service and requested a hot drink from a staff member.

Another three residents returned to the centre around 16.00hrs. They were seen to settle in well into the centre, two sat in the sitting room watching tv and one had a personal electronic devices they played games on. Both residents spoke to the inspector they told them about trips away, visiting the wild lights display for Christmas, and how they enjoyed their day service. They both indicated they liked the centre and were friends with the others living in the centre.

The remaining resident returned a little while later, as they finished their dinner the kitchen table they interacted with the inspector and a staff member. They appeared comfortable with the interactions and were at ease as other residents moved around the centre.

The centre comprises of two semi-detached homes with an interlinking sun room to the rear of the house allowing access to both properties. Each property had an office space, kitchen dining room, sitting room, utility and four bedrooms. In one property one bedroom was utilised as a staff sleepover room. Overall the centre was warm and homely although some deep cleaning and maintenance work was required. Residents had been supported to decorate their bedrooms in line with the preferences, they had personal items on display and their photographs were seen throughout the centre.

The person in charge facilitated the inspection, they were responsible for two other designated centre's operated by the same provider. They were found to have a good knowledge of the residents, their assessed needs and their individual preferences. It was evident the person in charge was present regularly in the centre. Residents approached them with ease and were seen to have positive engagement. The person in charge had the support of a social care worker in the centre who had delegated duties to ensure consistent monitoring of the service quality and safety of care provided.

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

Capacity and capability

Overall, the inspector found that there was a clearly defined management structure in the centre which included reporting of incidents as they arose in the centre.

There was a consistent staff team employed and the numbers and skills mix of staff were appropriate to meet the needs of residents and in line with the providers statement of purpose.

Staff had been provided with appropriate training, in respect of safeguarding and a human rights bases approach to care. They were also supported with supervision and personal development reviews.

Regulation 15: Staffing

There was a core and consistent staff team supporting the residents in this centre.

The inspector reviewed rosters from the previous three months and found them to be reflective of the staff on duty, they were well maintained and included staff members statutory leave and training days. While the provider was actively recruiting to cover the vacancies within the centre, gaps in the roster were filled with core staff taking on additional shifts and the use of the provider's relief panel. No agency usage was required to cover the reviewed rosters.

There were three staff on duty each day with two staff on duty at night, one waking and one sleepover shift. Residents reported to the inspector they were able to access staff support when they needed it.

Additionally, the inspector reviewed a sample of staff meeting minutes and found them to be held regularly and level of attendance was good. Topics and discussions held included, updates on residents' health and well being, staff training, safeguarding, restrictive practices, fire safety and transport. Minutes were recorded of all discussions and actions were identified where required.

Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

From review of the training records for the staff team, it was seen that staff were provided with appropriate training in respect of safeguarding and human rights based approach.

Due to the training provided the staff had the necessary skills to respond to the needs of residents and to promote their safety and well being. For example, staff had undertaken training sessions which included, safeguarding vulnerable adults, children's first, assisted decision making (ADM), human rights and restrictive practices. Staff also had access to other specific needs training such as epilepsy, oxygen administration and safe administration of medication.

On review of supervision records for three staff, the inspector could see supervision and personal development reviews (PDR) were provided to the staff team. The provider's policy states each staff member should receive two supervisions and one PDR meeting annually. The person in charge had a schedule in place for 2025 and six of the eleven core staff team had completed their two supervisions and the remaining were scheduled to year end. From review of the minutes from these meetings they were found to be very detailed and captured discussions and actions set. Topics discussed at supervision meetings included risk, fire, safeguarding, audits and restrictive practices. PDR reviews included discussion around quality of work,

personal competences along with leadership and delegation, these discussions were seen to lead to identifying areas for improvement.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found good systems in place to monitor the quality of care provided to residents. There was a defined management structure, and a stable staff team lead by a suitable person in charge. The person in charge reported to a senior manager at clinical nurse manager 3 level (CNM3) and has the support of a social care worker who had delegated duties. The person in charge was also responsible two other designated centres operated by the same provider.

The provider's last unannounced six-monthly review was completed in November 2025, they also completed an annual service review in September 2025. All audits were found to highlighted areas of good practice and areas where improvements were required. Audits had included a review of safeguarding, trending of incidents and feedback from residents and their representatives. The feedback recorded from family members in the annual review was very positive and complemented the centre, staff team and management.

The provider had a system in place to ensure oversight of the centre through regular local auditing. Audits included medication, finances, restrictive practice, health and safety and infection prevention and control.

From review of local audits, they were inclusive of action plans and on the day of inspection these actions were seen to be completed in a satisfactory time frame. For example, the last medication audit completed in July 2025 had two actions identified and these were seen to be completed on the day of inspection.

Judgment: Compliant

Quality and safety

The inspector found that the staff team and management were providing person centred care to the residents in the centre. Residents were supported to make decisions about their care and support along with how they wished to spend their time. Some improvements were required in the maintenance of the premises.

The inspector found that residents were protected and they had an appropriate assessment of needs, support plans and risk assessments in place.

Residents were supported to communicate in line with their assessed needs and informed of their right to make a complaint or seek advocacy support.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes. Easy read information on, safeguarding, advocacy and complaints process were available to the residents which supported them to communicate their feedback on the quality and safety of care provided in the service.

Residents also had the option to attend weekly residents meetings held in the centre. Topics discussed at these meetings included, planning of meals, activities and appointments for the week ahead. On the first week of the month the residents meeting focused on advocacy and one resident was a member of the service advocacy group who meet virtually every three months to give feedback on the service and had the opportunity to raise concerns where needed.

Residents were supported to have communication passports that had been developed by a speech and language therapist. From review of two passports they were personalised to the residents' unique communication style and their preferences on how they like to be supported with communication. Other information available included, conversation prompts, how they express a range of feelings and any eating and drinking supports required.

One resident who was due to transition to another centre had been supported to view the residents guide from the new centre with their support staff as part of their transition plan. Residents were also seen to have access to phones, and other such media like Internet, televisions, radios and personal smart devices.

Judgment: Compliant

Regulation 17: Premises

Overall the centre was in line with the statement of purpose and was for the most part suitable to the needs of the residents. One resident had an identified change in needs due to ill health and required a downstairs bedroom, this had been discussed with the resident and a transition was planned to another centre where their needs would be met.

The centre comprised of two semi-detached homes with an interlinking sun room to the rear of the house allowing access to both properties. The centre was warm and

homely with festive decorations on display. Although on the walk around of the centre the inspector noted some areas required refurbishment, the paint on the kitchen cabinets in both houses was coming off, one bedroom required painting and removal of an old panel from the wall. Some areas of the centre required cleaning on the day of inspection, for example, en-suites had dirt and grime that required deep cleaning to remove.

On arrival to the centre the inspector observed a door wedge being used to hold open a fire door leading into the office, it was identified that the door needed to remain open when staff were working in the office so they could maintain a level of supervision of the residents. This required review.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted safety of residents and were subject to regular review.

There was an up-to-date risk register for the centre and individualised risk assessments in place. All residents had individualised risk assessments in place to keep them safe including, financial abuse, human rights and restrictive practices. The provider had updated their safety statement in November 2025.

The person in charge had full oversight of risks and was ensuring risk assessments were kept up-to-date and reflective of the current control measures in place. Risks were reviewed in line with the provider's policy and as the need arose. For example, one resident who had a risk of falls had a falls assessment completed in 2024 and this was reviewed again in 2025. Their risk assessment for falls was also reflective of their last incident and results of the assessment review.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need completed which informed the residents' support plans. These assessments were detailed and captured the individualised support needs the residents required. Residents were given the opportunity to be involved in the development of their support plans and plans were reflective of residents' personal preferences and wishes.

Support plans were in place for each assessed need, these plans were detailed and provided guidance to the staff team on how to meet the residents' assessed needs.

Person centred plans were seen to be documented using respectful language and identified residents unique qualities such as 'they are very helpful' and a 'cheerful person'.

Residents were supported through annual review meetings to set goals for the year ahead. Residents were seen to be involved in community and in house activities. These included trips to the cinema, mass, meals out, shopping, paid employment, attending beauty appointments. Along with in house activities such as games on electronic devices, table top activities such as jigsaws and they were also getting involved in household tasks such as setting the table.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall the provider had robust systems in place for the management of behaviours of concern and oversight of restrictive practices.

The person in charge identified that all staff were appropriately trained to manage behaviours of concern. From review of the training records, as mentioned above, all staff were trained in de-escalation techniques and management of behaviour. Staff members were also trained in understanding the use of restrictive practices.

One resident had a positive behaviour support plan which effectively guided the staff team to support them. This had been developed by the provider's clinical nurse specialist in positive behaviour support. They also had a risk assessment in place that was seen to be reflective of the strategies outlined in their support plan.

There was a small number of restrictive practices in use in the centre, for the most part these restrictions were in use to alert staff if a resident was experiencing seizure activity when unsupervised. The provider was seen to review all restrictions annually with the residents multi-disciplinary team. They were also subject to review by the person in charge quarterly and reported as required to the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to safeguard residents and to protect them from all forms of abuse.

All staff, had received training in safeguarding vulnerable adults and were aware of the various types of abuse, the signs of abuse and their role in reporting and

responding to concerns. All residents were kept informed about their right to raise a concern and the complaints process, through residents meetings.

There were no open safeguarding concerns at the time of inspection. From review of incidents occurring in the centre there was no record of any negative interactions between residents. Residents reported to the inspector they liked where they lived and were observed interacting with each other in a positive manner.

The person in charge had completed the national safeguarding assessment tool in September 2025, on review of this the inspector observed very detailed responses to the questions, this showed the level of understanding the person in charge had in the area of safeguarding and the measures in place within the centre to keep residents safe.

Additionally, residents had intimate care plan in place detailing the individualised supports they required and included their wishes and preferences in relation to this support.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the provider was ensuring residents were informed about matters that affected them, their rights, access to advocacy and the complaints system.

From review of documentation, discussion with residents, staff members and local management and from the inspector's observations, residents were supported to exercise their rights. Residents were provided with relevant information in a manner that was accessible to them and given time to make a decision. They were supported to make choices about how they wished to spend their day. Residents were involved in decisions in relation to the running of the centre through residents' meetings and from review of the minutes this was evident.

Residents were observed to freely move around the centre, they were kind and respectful to each other in their interactions and were seen to be comfortable in the presence of staff and management.

From review of residents' assessment of need, support plans, risk assessments and observations of staff interactions with residents it was evident that the centre provided person-centred care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially 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	Compliant

Compliance Plan for St Anne's Residential Services Group B OSV-0003945

Inspection ID: MON-0047935

Date of inspection: 02/12/2025

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will schedule kitchen cabinets in both houses and one bedroom within the designated centre to be painted and the removal of old panel on the wall. The registered provider will arrange a deep clean of all bathrooms and en-suites in the designated centre. The registered provider will assess and plan for the installation of an electric magnetic fire door holders to be installed on fire door leading into the office to ensure this door remains open when staff are working in the office, to maintain a level of supervision with residents. While awaiting the installation of fire door release device, staff will ensure the fire door remains closed.</p>	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/03/2026