Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Residential Services Limerick Group F
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	23 March 2026
Centre ID:	OSV-0003953
Fieldwork ID:	MON-0043264

About the designated centre

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

This designated centre consists of one domestic type house in close proximity to the provider's main campus where services such as the day service, training centre, administration and nursing services are based. Full-time residential services are provided to a maximum of five residents. The service supports residents with higher needs in the context of their disability; the provider aims to support each resident in a person centred manner so that they enjoy a good quality of life based in their local community. Residents attend day services Monday to Friday or enjoy a quieter pace of life as tailored to their individual needs; the house is staffed when residents are present. The staff team is comprised of care staff and social care staff managed by the social care leader; the person in charge is the manager with regulatory responsibility.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Monday 23 March 2026	09:10hrs to 16:40hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection in the designated centre Community Residential Services Limerick Group F. This centre was home to five residents. The centre had been registered with a non-standard condition following a period of escalated regulatory review in 2024. The purpose of this inspection was to review the progress made by the registered provider to come into compliance with this condition of registration following an application from the registered provider to extend the timeline of the condition.

The non-standard condition attached to the centre's registration outlined that the registered provider must come into compliance with regulation 5, individualised assessment and personal planning and regulation 17, premises to the satisfaction of the Chief Inspector of Social Services. This condition related to the living arrangements for one resident who lived in a self-contained apartment in the designated centre. Overall, it was evident that progress had been made to transition this resident to a more suitable living environment. There were plans to improve the premises by renovating the centre once this resident transitioned to their new home. This transition took place in the days after the inspection had taken place. Where improvements were required in medicines management and progression of resident goals, these were known by the registered provider as they had been identified in management and oversight systems in the centre.

The inspector met with each of the five residents on the inspection day. One resident spoke about the plans to renovate their bedroom and to provide them with a private garden space from their bedroom that was accessible to them. The resident said that they 'can't wait' for the renovations to happen and that they are happy living in their home.

The residents' home was a four bedroom house with a self-contained apartment. Each of the residents had their own private bedroom. Four of the residents shared a sitting room, large kitchen and dining area and toilet facilities. Although the fifth resident could access the kitchen with staff support, they tended to stay in their apartment area. The resident's apartment included their bedroom, a staff sleepover room, a small shower and toilet space and a very small utility/kitchen. Overall, the apartment was limited in space. For example, the kitchen area measured two metres squared inclusive of the counter-top and storage. Although a kettle, microwave, sandwich toaster and a fridge had been provided, there was little space to prepare meals and to eat. Staff spoken with noted that the resident spent a lot of their time in their bedroom. The resident required one-to-one staffing support and it was noted by staff that the living space was not of a suitable size to provide effective supports to the resident.

In the main house, photographs and personal items were displayed throughout the residents' home. Although premises works were required in the main house, staff

noted that these were planned to be completed when the resident transitioned from the apartment area. Premises works included a new kitchen, new flooring and painting. A new couch had been purchased following a complaint from a resident during a resident meeting. The residents went shopping to choose the new couch and showed the inspector how it reclined.

Residents were offered choices by staff members. This included providing choices with meals provided and offers of tea and coffee when they entered the kitchen. One resident told us they had a lie-in that morning and were going to attend a local retirement group. The resident had been out shopping recently and they brought the inspector to their bedroom to show them the new outfits and clothing they had purchased. They also showed the inspector a trophy they had won for being the best dressed at an event.

One resident had been at home with family for the weekend. Their family dropped them to their home in Community Residential Services Group F. It was evident that the resident's family knew the staff and management in the centre well and they noted that this consistency was so important to their family member.

There were no open complaints in the centre at the time of the inspection. However, there was a closed complaint relating to the physical environment of the centre. It was noted that this complaint had been dealt with to the satisfaction of the complainant as there were plans to improve the residents' living space, and for one resident to transition to a bespoke home.

At all times, residents were observed to be provided with kind and respectful care and support by staff and management in the centre. Residents' choices and wishes were promoted and respected as they were involved in matters that impacted them such as the plans for renovations in their home. However, improvements were required in relation to the residents' goals and medicines management. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

The previous inspection of this centre noted that the premises of the designated centre was not fit for purpose as it was not suitable to meet the assessed needs of the residents. At this time the designated centre was registered with a non-standard condition relating to the living arrangements for one resident living in the designated centre. This resident lived in the self-contained apartment which was very small and did not meet their assessed needs. As part of this escalatory review, the registered provider had been submitting quarterly updates to the Chief Inspector of Social

Services regarding the plans to transition this resident to a more suitable living environment.

Initially, planning permission had been sought to build a bespoke apartment on the grounds of the current designated centre. However this plan did not progress. It was then decided that the resident would transition to another centre operated by the registered provider following renovations. The resident had been due to move to their new home by 31 December 2025 in line with the timeframe of the non-standard condition attached to the centre's registration. The registered provider had kept the Chief Inspector informed of this delay due to works carried out in the resident's proposed new home. The provider had also applied to vary the centre's condition of registration to propose a new timeline.

On the day of this inspection, it was identified that the resident was due to transition to their new home later that week. The resident visited their new home on the inspection day with staff noting that this was very positive, with the resident having a cup of tea in their new home and meeting the management there. It was evident following this inspection that although further premises works were required, sufficient action had been taken by the provider to come into compliance with the non-standard condition.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 23: Governance and management

Management systems in place ensured that residents received a safe service in their home. The registered provider had provided updates on the transition of the resident each quarter since the inspection completed in October 2023. After the inspection had taken place, the inspector was informed that this resident had transitioned from the designated centre.

Two unannounced six-monthly visits to the centre had taken place in May and October 2025. Areas identified for improvement included those related to the premises and the transition of one resident from the centre. An annual review of the quality of care and support provided to residents had also been completed. This noted areas for further improvement that were consistent with the inspection findings such as residents' goals. Management in the centre also noted that a quality improvement plan for medicines management was being developed in response to increased medicines errors occurring in the centre. This evidenced that the provider was maintaining effective oversight of the centre to ensure areas for improvements were identified.

Residents were supported in their home by a team of social care workers and care assistants. Team meetings were held each quarter. Records of the team meetings included a review of incidents and accidents in the centre. It also included a review

of medicines errors occurring in the centre, the quality improvement plan and the requirement for improved documentation around residents' goals.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the contracts outlining the care and support two residents received in Community Residential Services Limerick Group F. Although the contracts were observed to be in an easy-to-read format, one of the residents' contracts did not include the fee they were to be charged to live in their home. This required review.

Judgment: Substantially compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. Although the current layout of the centre did not meet the needs of residents, there were plans being developed to make the residents' home more suitable. This included guidance and collaboration from the property and estates manager. Following the inspection, the registered provider identified that they planned to change the layout of the centre so that the self-contained apartment would no longer be used for residents. This would include the conversion of an office in the main house into a resident's bedroom. However, it was not evident when such works would be completed.

Residents had been consulted about the planned renovations in their home. Residents and management spoke about the plans to make a garden space with accessible garden beds, canopies and furniture. There were also plans to upgrade flooring, paint and to install a new kitchen. Residents told the inspector that they were looking forward to these works being completed.

Improvements were required to record the progression of residents' goals. It was noted that this had been identified as an area for improvement during the unannounced six monthly visit to the centre in October 2025. It was also noted that potential medicines errors were identified by the inspector on the inspection day. Management were aware improvements were required in relation to medicines management following incidents reviews in the centre.

Regulation 17: Premises

The registered provider had not ensured that the premises of the designated centre was laid out to meet the aims and objectives of the service and the number and needs of residents. The self-contained apartment area was small and did not provide adequate space for the resident to relax and retreat, or to provide for the matters set out in Schedule 6 of the regulations. As previously noted, this resident transitioned to their new home in the days after this inspection had taken place.

Staff and management told the inspector that the residents' home was a priority for works to be completed. Works to be completed included;

- Upgrades to bathroom facilities
- New flooring throughout the residents' home
- A new kitchen
- Replacements of doors
- Painting both internally and externally.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

Staff spoken with were aware of the plans to transition one resident to a more suitable living environment. On the day of the inspection, the resident was due to visit their new home for the first time. Staff noted that the multi-disciplinary team had recommended a quick transition to best support the assessed needs of the resident and that the staff team had been involved in this. It was also noted that the transition plan contained person-centred approaches to support the resident. For example, the resident's doll was very important to them. Therefore, staff had purchased a new bed for the resident's doll which was in their new home when they visited on the inspection day.

The inspector reviewed the transition plan developed for the resident and to guide staff on how to support them during their transition. It was evident that this document was very comprehensive.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured that the centre had appropriate and suitable practices relating to the storing and administration of medicines to ensure that

medicines are administered as prescribed to the resident they are prescribed to and no other resident. Management in the centre noted that there was a high incidence of medicines errors occurring in the centre and that a quality improvement plan for medicines administration was being developed.

The inspector reviewed the recording sheets for the administration of PRN medicines (medicines taken only when required) for two residents. Management in the centre noted that these medicines were to be counted each time the medicine was administered. However, the inspector identified a discrepancy of four tablets for one resident and eight for a second resident. These errors had not been identified or reported prior to the inspector highlighting these to management on the inspection day.

This required review with management commencing a review into the medicines errors on the inspection day. However, it is noted that the previous inspection also identified a medicines error which had not been identified by staff in the centre. This was a repeated area of non-compliance.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' plans included an assessment of the health, personal and social care needs of each resident. One resident told the inspector that they had a stumble in the shower on the morning of the inspection. Staff were observed completing documentation to assess the resident following this and they offered pain relief to the resident with medicines and heat therapy. This support was provided in line with their assessed needs and their personal plan.

A comprehensive assessment of the needs and preferences of one resident had been completed to support their transition to a more suitable living environment. This was supported by members of the multi-disciplinary team including social work, clinical nurse management, person in charge, transforming lives lead, speech and language therapist, occupational therapist, quality and risk adviser, and day service and residential staff.

Residents had been supported to develop goals as part of the person centre planning program in the centre. However, updates of progress on residents' goals were not recorded to identify how these were being progressed. For example, one resident had a goal to go for a hotel break. There was no evidence in the resident's personal plan if this had been completed almost one year since they had developed their goal. Staff on duty were not aware if the resident had achieved this goal. A second resident had developed goals in July 2025. Since then, there was limited documented evidence of them participating in these goals. For example, the resident had a goal to go on social outings. However, this was recorded as going for a coffee on three occasions since the goal was developed. Staff noted that this was not

correct and that the resident had been supported to go out for coffee more frequently and that they had also declined offers on occasions which were not always documented. This required review.

Judgment: Substantially compliant

Regulation 9: Residents' rights

It was evident that residents had the freedom to exercise choice and control in their daily lives, and that they were supported to consent with supports relating to their care and support. Monthly resident meetings were completed in the centre with discussions including the plans to renovate their home. It was noted that one resident was the advocacy representative for their home and they attended wider advocacy meetings on behalf of those they lived with. The annual review of the centre also included consultation with residents. It was noted that one resident had requested an accessible area to participate in cooking as part of the kitchen renovation. Management noted that this was due to be completed.

One resident had restricted access to the kitchen during mealtimes due to safeguarding measures in place in the centre. However, as the resident transitioned to their new home in the days after this inspection took place this restrictive practice was no longer required.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Residential Services Limerick Group F OSV-0003953

Inspection ID: MON-0043264

Date of inspection: 23/03/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Contract of Care was updated for this resident, who subsequently transferred to a different designated centre in the days following the inspection. This was discussed with all PICs at Governance meeting on the 21.04.2026 to ensure that all supported individuals are fully informed of the exact fees they are paying. All Easy-To-understand documents re Contract of Care reviewed in this Designate centre on 06.05.2026 and all correct.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Resident transferred from this centre on 25.03.2026 and Service Manager met with Director of Properties, Estates and Technical services on 03.04.2026 to discuss plans for works to be completed to the house. Plans developed for same and Service Manager met again with Director of PETS and maintenance manager in the designated centre on 01.05.2026 to develop timeline for same. Planning permission application and tendering process will be completed and structural works inside the house including renovation of kitchen and bedrooms.	

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
An audit was completed of all medications including PRN Paracetamol on 24.03.2026 and a review of the Paracetamol unaccounted for was completed. The quality improvement plan was updated to include this and input sought from Quality, Safety and Risk department, Nurse Practice Development and Director of Nursing. NIRF completed for remaining paracetamol unaccounted for (6). CNM2 has developed updated log for recording of all medications being handed over to Day Services/Home and met with all PICs on 30.04.2026. PRN audits completed in all CRS houses. Service Manager/PPIM and QS&R advisor discussed the errors and the Quality Improvement Plan with staff team in Group F on 06.05.2026 and new documentation in place. CNM2 will repeat medication competencies with all staff currently rostered in Group F prior to 11.05.2026.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Referral was sent to the PCP enabler to review all PCPs in this centre. Same commenced on 25th of March and PCP enabler attended a meeting with service manager, PPIM and staff team on 06.05.2026 to discuss actions and progress. All PCP's under review and goals being set which are in SMART format. Preplanning meetings scheduled for individuals with circle of support to discuss goals and wishes. Staff scheduled to complete PCP training by end of May 2026.

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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2026
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	31/12/2026
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2026
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the	Substantially Compliant	Yellow	21/04/2026

	support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	11/05/2026
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/05/2026