Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick Group G
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	23 April 2026
Centre ID:	OSV-0004963
Fieldwork ID:	MON-0041718

About the designated centre

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

The centre is located within a small town, in a mature residential setting in Co. Limerick. The centre is located close to public transport services, shops, recreational services and employment opportunities for the residents. The centre can provide a community residential service to 10 residents with a mild to moderate intellectual disability. The aim is through a person centred approach to improve the residents' quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community.
The centre is comprised of 2 houses located close to each other. Both houses can support a maximum of five residents each. Each resident has their own personalised bedroom and both houses have garden and parking facilities. One of the houses has a conservatory area, both houses have kitchen and bathroom facilities to support the needs of the current residents.
The intention of the centre is to provide residential and day supports for the independent and/ or older residents who are retired, semi-retired or in the pre-retirement stage of their lives. The centre is managed and supported by social care staff and the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 23 April 2026	09:35hrs to 17:35hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to assist in the recommendation to renew the registration of the designated centre for a further three year period. This inspection evidenced a good level of compliance with the regulations was found. A safe service was in place which had effective supports for the residents currently residing in the centre.

Although, some improvements are required to ensure premises works are completed. This was identified in the previous inspection in July 2025, this will be discussed under Regulation 23: Governance and management and Regulation 17: Premises.

On the day of the inspection ten residents were living in the designated centre. The centre comprised of two houses located in close proximity of each other. Five residents lived in each house and the inspector had the opportunity to meet and spend some time with all ten residents in their homes. In addition to meeting and speaking with residents, the inspector met three members of staff and spoke with the centres management team which included the person in charge, person participating in management and service manager. Staff and management of the centre had a good relationship with the residents and were knowledgeable of the residents support needs. The inspector observed throughout the inspection staff and management enjoying time with residents and spending time with the residents.

On arrival to the designated centre, the inspector visited one of the houses where they were greeted by the person in charge who facilitated the inspection day. Here the five residents were up and ready for their planned day ahead. Residents welcomed the inspector warmly into their home and spoke about their plans for the day. Residents were attending different day services and active retirement groups which they enjoyed, while other residents had plans to go out for lunch and do some shopping. Residents told the inspector about their lives and their home. Residents in this house all said they loved their home and complimented the staff that supported them to live full lives. Residents felt safe, happy and comfortable in their home. Residents showed the inspector their bedrooms and personal items, such as important pictures, items of clothing and art work they had completed.

Later in the afternoon the inspector visited the second house that comprised of the designated centre. Residents living here were supported by one staff member, the staff on duty was observed to have kind and caring interactions with the residents along with lots of laughs and fun. On arrival four residents were in the kitchen area of the house and greeted the inspector. Shortly after another resident return to their home. The residents all discussed how they enjoy their home and their lives. Here the residents complimented the great work the staff do in their home and felt they were a great support to them when they needed. Residents expressed to the

inspector that they loved having a staff in place to support them if they needed but they liked their independence and this being supported too.

The atmosphere in the home was relaxed and residents appeared very comfortable. Residents all spoke about activities they like to do such as going shopping, out for meals, meeting friends and family and completing their hobbies and interests. One resident spent time with the inspector showing them a memory book, while another resident showed the inspector knitting work they had completed. Residents also discussed some of the upcoming planned trips they had which they were looking forward to.

The inspector completed a walk around of both houses that comprised of the designated centre. Both houses were bright and homely. Each resident has their own bedroom that was individually decorated with personal items. Residents in both houses had access to two communal bathrooms. There was an open kitchen, living and dining area in both houses. Overall, the premises of both was seen to be well presented, clean, homely and well furnished. However, some maintenance work was required to bathrooms in both houses of the designated centre. This had been identified on previous inspections and the provider had committed to having these works completed by March 2026, however on the day of the inspection these were not completed.

One resident in one of the houses showed the inspector around their home. The resident told the inspector they would love one of the communal bathrooms to be upgraded like the other bathroom in the house.

The residents were supported by staff to complete the HIQA pre-inspection questionnaires, all of which were viewed by the inspector. Such questionnaires covered topics like residents' bedrooms, feeling safe in your home, visitors, activities and staffing. A number of residents commented that they like the staff, the help they provide and they love their home. The residents' questionnaires contained positive responses for all topics.

The next two sections of the report present the finding of the 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 delivered.

Capacity and capability

The provider had a governance structure in place and staff were aware of their responsibilities and who they were accountable to. Sufficient staff were working in the centre at the time of the inspection.

Staff had access to a range of training courses which provided staff with the skills and competencies to support residents' care needs. Staff were completing regular supervision meetings with their line manager and records were maintained. This was in line with the providers own policy.

A review of the incidents occurring in the designated centre was reviewed by the inspector. This found reporting procedures were in place which is in line with the requirements of the regulation.

The centre was last inspected in July 2025. The provider had committed to coming into compliance with Regulation 23: Governance and management and Regulation 17: Premises by March 2026, which ensured that maintenance works would be completed. During this inspection it was found that the provider had achieved some of these works but not all had been completed. These will be discussed under Regulation 23: Governance and management and in the next section of the report.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge had a remit of this designated centre.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from February 2026 to the beginning of May 2026 showed that there were sufficient staff on duty to meet the needs of the residents as outlined in the statement of purpose for the centre. This showed overall that a consistent staff team were employed in the centre at the time of the inspection. The

centre had support of two regular relief staff who were available to cover planned and unplanned leave.

The staffing levels were in line with the assessed needs of the residents. There was always a minimum of two staff on by day in one house and one staff by day in the other house. Each house had a sleepover staff in place by night. Staff on duty had support from an on-call governance system when required if the person in charge was not on duty.

On the day of the inspection kind and caring interactions were observed and overheard by the inspector. For example, staff were seen dancing and laughing with residents.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff training matrix for all staff was reviewed by the inspector. This is to ensure staff are provided with training to ensure they had the necessary skills to respond to the needs of the residents. Staff had completed training in areas such as fire safety, safeguarding, manual handling and children's first. Two staff required training in management challenging behaviour, one of these was refresher training.

The provider had a procedure in place for staff to receive supervision twice a year and an annual appraisal. A matrix for 2025 and 2026 was reviewed by the inspector which identified all staff had received supervision in 2025 and annual appraisals had been completed. A schedule was in place for 2026 supervisions and appraisals.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place which was led by the person in charge who had responsibility for this designated centre. The person in charge was supported in their role by the person participating in management.

Overall there were effective systems in place to promote a safe environment for the residents and ensure care was delivered in-line with their assessed needs. Some improvement was required to ensure the provider was meeting the assurances they had provided to the Office of the Chief Inspector. After the last inspection of the centre that occurred in July 2025, the provider committed to completing a number of areas of maintenance works required to the premises of both houses. These were to be completed by March 2026. Maintenance work was required to bathrooms in both houses of the designated centre as they were observed to be worn and decayed in areas around the flooring and shower door. On the day of the inspection these premises works remained outstanding and required review. The inspector does acknowledge that other maintenance works to the properties had taken place such as new windows in both houses, along with new kitchen counter tops in one house.

The service was subject to ongoing monitoring and review. The provider had completed an annual review for the service in October 2025, on the quality and safety of care as required by the regulations . The review identified any areas for improvement, for the most part these were seen to be completed. For example, an audit schedule to be put in place ensure the timely completion of internal centre audits. This was observed by the inspector to be in place.

As part of the regulations the provider is required to complete unannounced audits of the designated centre at least once every six months or more frequently if required. The provider had completed these audits in June and December 2025. The inspector viewed the six-monthly unannounced audits, which showed a good level of compliance overall. For any areas that required improvement an action plan was in place and it was seen that these actions had been completed. However the audits did not action or highlight that the provider's time line to ensure they had completed premises works. This had been previously highlighted as an action for 2024 and 2025.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that the admission of a resident to the designated centre was determined on the basis of transparent criteria in line with the centres statement of purpose. One resident had moved into the centre in October 2025. The registered provider had policies and procedures in place in regards to the contracts of care to be provided to the residents. The registered provider had a contract of care in place for the residents. The inspector reviewed a sample of the contracts for the resident who had moved into the centre in 2025, along with residents who had lived in the centre for a number of years. The contracts in place were clear and were signed. The contracts outlined the support, care and welfare the residents would receive in their residential service in the centre. Resident's fees were also outlined.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. The inspector reviewed the statement of purpose which had recently been reviewed in February 2026. This included all the required information and adequately described the service.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider to the office of the Chief Inspector. On the day of the inspection the inspector also reviewed the centres incident log. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of any use of a restrictive practice within the centre on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and the residents knew who to approach if they had a complaint. There were no current open complaints in the designated centre. The inspector reviewed the complaints log in place for 2025 and 2026, one complaint and two compliments had been recorded during this time. The records clearly showed the complaint had been resolved and the complainant was satisfied.

Judgment: Compliant

Quality and safety

The inspector found that the centre provided a safe and homely environment. As mentioned earlier in the report some premises works had taken place in the centre which included new windows in both centres. However the provider still had ongoing premises works to complete, these works were outside of the time lines provided in the last report. This was discussed under Regulation 23: Governance and management. Other premises issues were identified in this inspection and this will be discussed under Regulation 17: Premises.

The inspector reviewed a sample of residents' assessments and personal plans and found that these documents positively and accurately described their needs, likes, dislikes and preferences. Residents were accessing health and social care professionals in line with their assessed needs.

Residents' rights were promoted and upheld in a number of areas across the centre and these are discussed further under Regulation 9: Residents' Rights.

Regulation 13: General welfare and development

This inspection found that the residents were supported to engage in recreational activities in their home and in the community based on their preferences.

Residents were supported to maintain relationships with family and friends. Residents enjoyed meeting with family and friends regularly and some residents spoke to the inspector about this.

The inspector observed the residents on the day of the inspection being offered activities such as, going out for lunch and shopping, along with other residents

supported to attend their day services. The inspector also reviewed a sample of records in residents personal files which identified activities the residents were being offered and enjoyed partaking in. This included activities in their home such as mindfulness and arts and crafts. One resident showed the inspector their paintings which they were very proud of and enjoyed doing.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the needs of residents living in the centre. Each resident had their own bedroom and access to communal areas which included a living room, dining room and kitchen. One house also had a conservatory in place. Both houses had enclosed gardens to the rear of the property which residents could enjoy.

The provider had identified areas for maintenance in both houses which were on a schedule to be completed, no actions dates were available on this record and as discussed earlier in the report the provider audits had also not actioned these works with clear time lines to be completed. Remaining maintenance works was required to both of the bathrooms in each house. Painting was also required in one of the houses in areas such as the conservatory where there was gaps in painting due to the upgrading of windows and doors.

The inspector does acknowledge that other maintenance works to the properties had taken place such as new windows in both houses were completed, along with new kitchen counter tops in one house.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The residents living in the designated centre had assessed needs with regard to food and fluids. The person in charge had ensured feeding, eating and drinking support plans were in place which clearly identified the supports required by each resident. Residents had assessments in place to support their individual plans by a speech and language therapist. The person in charge had also completed risk assessments with regard to residents assessed needs.

The centre had adequate storage facilities for food and equipment with regard to mealtimes, choice offered was appropriate to the residents assessed needs and likes. A menu planner was also in available and both staff, management and the residents informed the inspector they choose what meals they would like to have

and some residents enjoyed preparing their own meals. Food storage areas were seen to be clean and well maintained. Staff had ensured to keep a record of the fridge temperature.

During the course of the inspection, the inspector observed staff providing meals and drinks to residents has per their assessed needs. For example, a resident was supported to have their dinner as per their support plan.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, a fire alarm and fire blankets were provided and being serviced regularly by a fire competent person. For example, the fire alarm and emergency lighting had been serviced in February and April 2026.

Staff also conducted checks to ensure that effective fire systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to ensure it was working and that fire doors were activated. A review of a sample of these records showed that staff were completed these checks as required.

All ten residents in this centre had a personal emergency evacuation plan. These plans were clear and provided clear information on the supports required by each resident. The centre had an identified fire assembly points for both houses. These plans were also seen to be recently reviewed.

Staff were provided with training in fire safety and fire safety was also part of the induction program for the centre.

The inspector reviewed the records of fire drills that were present in the centre. Fire drills had been completed regularly and were conducted to ensure residents could be evacuated safety from the centre. The records reviewed showed that these were taking place in a timely manner. Fire drills had also been completed to reflect the minimum staffing that would be in place to support the residents in each house.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management procedures and policies were in place and found to be keeping residents' safe. Residents in this centre were prescribed medicines in line with their specific assessed needs. Staff were provided with medication training in order to support residents with their medications. Residents had been assessed with regard to the support they required for the administration of their medications and some resident's independence was supported and promoted through this.

The designated centre had procedures regarding the ordering, receipt, prescribing, storage and disposal of medicines. These were found to be effective. Medication in both houses was kept in a securely and a clear log of medicines was maintained. The inspector reviewed a sample of administration dates of medicines for two residents and these were found to be clearly documented. The medicines stored in the centre were all in date and labelled correctly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had personal plans in place that outlined their health and social needs. Where required support plans were in place as per the residents assessed needs.

The staff spoken with were very familiar with residents support needs. For example, a staff member discussed the recent risk for one resident during night time and the supports that had been put in place following a multi-disciplinary team review. This included additional restrictive practice measures put in place to ensure the safety of the resident during night time hours. Staff were also familiar with support residents received from speech and language therapy and the importance of preparing meals as per each residents assessed needs.

The inspector reviewed the personal plans of three residents across the two houses. Each resident had completed annual personal centred planning meetings. These meetings gave the opportunity for staff, residents and family members to review the previous year and plan for the year ahead. Goals and aspirations had been set for each of the residents. Residents had meaningful goals such as attending concerts, exploring interest in in dogs and animals, learning new forms of art digitally. Residents had also been supported to complete a number of achievements. One resident had gone on a holiday abroad where they experienced roller coasters and told the inspector they had a great time. The inspector observed pictures of their holiday displayed in their personal plan.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had adopted good practices in ensuring residents' rights were considered and respected. Staff were observed to speak to residents in a kind, respectful and dignified manner.

There were easy-to-read documentation available to residents. The inspector saw these easy reads in place in the centre, which included complaints and safeguarding. Residents were supported with regular residents and advocacy meeting which kept residents informed about any updates to their home, along with any provider updates. Residents also discussed any upcoming plans and events.

Residents had access to attend a day service if they wished. The inspector was informed and observed residents attending different day services and active retirement groups as they wished. Residents were also supported with activities in their home such as art and crafts and mindfulness. Residents accessed their local community on a regular basis. They attended mass, enjoyed shopping, going to the hairdressers and beauty salon, as well as meeting friends and family regularly.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Residential Service Limerick Group G OSV-0004963

Inspection ID: MON-0041718

Date of inspection: 23/04/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The service manager met with maintenance manager on 11.05.2026 and reviewed works to be completed in the designated centre to bathrooms in both houses and painting. These works are scheduled to be completed by 31st of March 2027. This will be discussed with all supported individuals at next residents meeting on 19.05.2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The service manager met with maintenance manager on 11.05.2026 and reviewed works to be completed in the designated centre to bathrooms in both houses and painting. These works are scheduled to be completed by 31st of March 2027. This will be discussed with all supported individuals at next residents meeting on 19.05.2026	

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)(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	31/03/2027
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	31/03/2027