



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:	Unannounced
Date of inspection:	30 July 2025
Centre ID:	OSV-0004963
Fieldwork ID:	MON-0046834

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
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 30 July 2025	10:00hrs to 17:30hrs	Elaine McKeown	Lead
Wednesday 30 July 2025	10:00hrs to 17:30hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre of Group C. The centre was registered with a capacity of ten adults. Five residents living in each of the two houses. On the day of this inspection, the inspectors visited both houses and met with nine of these residents at different times during the day.

This designated centre had previously been inspected on behalf of the Chief Inspector in May 2023. While the findings of that inspection acknowledged good compliance with most of the regulations reviewed during the announced inspection, three regulations required actions to be completed to address issues that had been identified. The Chief Inspector had been informed in the provider's compliance plan response that the actions relating to Regulation 17: Premises included replacing flooring and upgrading of bathrooms in the designated centre by 31 December 2023. These actions had not been completed by the provider at the time of this inspection.

On arrival at the first house, the inspectors met with the person in charge who was working on site to support the residents and staff working in the house on the day of the inspection. The inspectors were aware in advance of the inspection that one of the residents living in this house was being supported in an acute hospital. The inspectors were provided with an update on this resident's condition and the measures in place to ensure a staff familiar to the resident was supporting them in the hospital during their hospitalisation. Three residents were completing their breakfast when the inspectors arrived. The person in charge introduced the inspectors to the residents to inform them of the unexpected visitors to their home and then inspectors waited until residents were ready to speak with them a short while later. In addition, the person in charge informed the residents in the second house of the inspectors presence and when would be a good time to meet. The residents advised of plans already made for the day and the afternoon would be the best time for the inspectors to visit.

In the first house, one resident proudly showed both inspectors their bedroom at different times during the morning once the resident had completed their morning routine. The resident had many personal possessions, had recently purchased new clothing and had many photographs on display. A number of these photographs were taken while the resident visited another country in April 2025 with two peers who lived in the other house of the designated centre. This trip was described as being a long awaited goal of the resident. They described the range of activities they had enjoyed during the trip and showed both inspectors a large poster montage of their trip which they had displayed and spoke to other peers about at an event organised by the provider.

Another resident chatted with the inspectors on a number of occasions during the morning and repeatedly checked if there were any refreshments needed by the

inspectors. They spoke of how happy they were living in their home, the ongoing support from the core staff team and the good relationship they had with their peers. The resident shared information regarding their family history which was very important to them. The resident also spoke of a concert that they had attended in May 2025 with a person whom they had known for over 40 years. The resident had photographs of the event which showed the resident to be smiling and enjoying the social outing.

The inspectors were informed one resident had attended a medical appointment regarding getting new hearing aids during the morning. The inspectors met with this resident in the dining room on their return to the house. The resident spoke for a short while to the inspectors as they appeared tired after the appointment and were getting used to the new hearing aids so staff were being mindful of the noise levels. The resident did inform the inspectors that they liked to attend the retirement group each Wednesday and Thursday with peers, but was enjoying have a week off at the time of the inspection. The resident also spoke of being very happy living with their peers in the house and explained how they enjoyed a particular food for their breakfast and the reasons they had a dislike for another breakfast item. Staff were observed to be familiar with this on the day of the inspection.

The inspectors observed staff to support another resident to have their breakfast in line with their known preferences. The staff member consulted with the resident to ensure their breakfast was being prepared for them correctly. The resident was observed to engage in a group conversation during the morning with peers and the inspectors but was also observed to prefer their own company in the sitting room at times during the morning where they could watch a preferred programme.

On arrival at the second house in the afternoon both inspectors received a warm welcome. One resident was in the house and opened the door as soon as the inspectors arrived. Two residents returned from the hairdressers at the same time as the inspectors arrived and greeted them in the driveway. A casual conversation started immediately between all present. The three residents were quick to offer refreshments to the inspectors and spoke in a group as everyone sat around the dining table. The residents asked the inspectors many questions and spoke of their own plans. For example, two residents were travelling to another county for a short break the following week to visit relatives of one of the residents. The residents listened to each other as the conversation flowed with no one taking over or dominating. It was a very respectful and quiet jovial engagement with the residents. The residents did speak about their wish to get some home improvements done which included upgrades to the kitchen and shower facilities as well as seeking additional laundry facilities. The inspectors were aware of some of the upgrades that remained unresolved at the time of this inspection and these will be discussed in the quality and safety section of the report. However, as the residents were able to advocate for themselves, the inspectors encouraged the residents to speak with the provider's management team regarding a new issue that had been discussed during the conversation around the laundry facilities.

Two residents returned in the late afternoon with a staff member from a planned outing with the retirement group. The inspectors were informed a great day was

had by all in another town. Staff were observed to engage with the residents in conversation about how their day went. The two residents were invited to sit at the table by their peers to join the conversation with the inspectors. This appeared to occur seamlessly and everyone had a hot drink in front of them with multiple offers made to taste the range of confectionery that was available. One of the residents spoke of their experience while on a trip with their peers to another country. The resident described themselves as not being a thrill seeker like one of their peers but had enjoyed the break very much.

Throughout the inspection all nine of the residents were observed to be afforded the opportunity to meet and talk with the inspectors. The residents spoke of their regular routines which included walking independently to the nearby shops in some cases, enjoying Friday's off to engage in social activities of their choice and to meet with friends. For example, during the morning one resident in the first house had received a phone call from another peer in another designated centre to see if they were available to meet for a hot drink in the local community. The inspectors were informed this would be a regular occurrence which residents enjoyed. The residents in the second house spoke of the improvements for them since increased staff support during the day had been put in place by the provider. For example, one resident spoke of not having to leave their home to go to another house if they were unwell or not attending their day service. The provider had identified aging-related needs in this house where previously no night staff was available and day time and weekend staff resources were limited. In response, the provider has additional staff resources in place to support the changing and aging profile of the residents living in this house. These staff resources are risk-funded by the provider due to risks identified without such resources being in place. The inspectors were informed the provider is continuing to advocate for funding for these staff resources on behalf of the residents through a business case submitted to the funder.

During the inspection, the inspectors spoke with a number of the staff team including the person in charge, the person participating in management, the Director of Services, regular core staff as well as agency staff. It was evident the residents were being consistently supported to engage in their preferred routines and daily activities. For example, the person in charge ensured at least one familiar staff was on duty to ensure continuity of care in both houses while also supporting the resident who required to undergo a medical procedure. All staff spoken to outlined the importance of the residents having their preferences, choices and expressed wishes listened too. In addition, there was also awareness of increased supports required to aid the residents to remain in their homes while effectively supporting their assessed needs. This included seeking to make adaptations to the decor and premises where required for residents who may develop dementia in the future. For example, the person in charge outlined the the colour and type of flooring in one of the bathrooms required upgrading to effectively support residents in the future.

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

supported them to become more informed about their rights. This included attending advocacy meetings.

The inspectors completed a walk around of both of the houses. Both houses were observed to be homely and decorated with personal artwork and photographs. A resident in the second house had asked that inspectors not visit their bedroom and this was respected. The resident did subsequently speak with both inspectors while they were standing at their bedroom door in the afternoon. The inspectors were shown craft work by other residents that were in progress which included rugs and art. The person in charge outlined upgrades that had been completed to the windows in one of the houses. The residents in the second house informed the person in charge during the conversation that a contractor had visited their house to measure for new windows also. While some cosmetic painting was required around the windows following the recent installation, other upgrades had not been completed which had been outlined by the provider following the previous inspection by inspectors from the Health Information and Quality Authority (HIQA).

In summary, residents were being supported by a dedicated staff team. Regular routines were being supported as well as expressed wishes such as attending social appointments in local beauticians and hairdressers. Residents were being supported to maintain their independence, and attain personal goals. Additional staff resources were available to the residents in one of the houses since the previous inspection which residents found beneficial and improved their ability to make choices regarding daily activities and planning their routine. However, the provider had not ensured all actions relating to the premises had been adequately addressed since the previous HIQA inspection. This included upgrades to kitchen units and counter tops, bathrooms and flooring. This will be further discussed in the quality and safety section of this report.

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

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in positive outcomes for residents in relation to the wishes they were expressing regarding how they wanted to spend their time in the centre and live their lives in the community. There was evidence of ongoing oversight and monitoring. There were management systems in place to review if the residents received a good quality and safe service.

During the inspection, the inspectors observed kind, caring and respectful

interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident included the person in charge in a conversation with an inspector when speaking about their early life experiences. The general group conversation in the second house in the afternoon included staff members who were familiar with the residents, their choices, wish to be independent and community involvement.

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

The focus of this inspection was on safeguarding practices in the centre in keeping with a programme of inspections started by the Chief Inspector during 2024. Overall, no immediate safeguarding concerns were identified during this inspection and it was found that the monitoring practices for this centre did consider matters related to safeguarding. Staff spoken to demonstrated their knowledge around the types of abuse that can occur and relevant national standards. Staff also outlined specific protocols that were in place to provide specific support to one resident. All staff had attended relevant training and regular staff meetings were taking place with the person in charge in attendance.

Regulation 15: Staffing

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

- There was one staff vacancy at the time of the inspection,(30 hours)
- The provider had allocated additional unfunded staff resources at night time to meet the assessed needs of the residents. One resource was being provided in one of the houses since December 2024 until March 2025 to support the changing needs of a resident who lived in the house at the time. An additional staff resource was then provided in the same house when a new resident was admitted to the designated centre in April 2025
- Additional staff resources were also provided to support the residents living in the second house which had a positive impact for the five residents living

there. The provider had identified an increase in the staff resources was required to support the aging needs of the residents and had put risk funded resources in place while continuing to advocate on behalf of the residents by submitting a business case to the funder for additional staff resources in the designated centre.

- A resident had sustained an injury and was admitted to hospital on 13 July 2025. The person in charge ensured the resident was being supported by familiar staff while in receipt of care in an acute medical hospital.
- A selection of dates on actual and planned rosters since the 23 June 2025 until 17 August 2025, 8 weeks, were reviewed during the inspection. These reflected changes made due to unplanned events/leave. The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night.
- The details contained within the rosters included the start and end times of all shifts and the role of each staff member. The person in charge had ensured the details of the staff providing support to the resident in the acute hospital setting were also included in actual current rosters as well as agency /relief staff that would usually work in other locations. This ensured the actual roster reflected the staff team working during each shift in the designated centre.
- The inspectors acknowledge the increased reliance on agency staff in recent weeks did not adversely impact on the residents in the designated centre. A minimum of one familiar staff was present at all times to ensure consistency for these residents. This included the person in charge being on site if no other familiar staff was working in the house. This was observed to be in place on the day of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection nine staff members including the person in charge worked regularly in the designated centre. This included five social care workers, one care support staff, one regular relief social care staff and one care support worker.

- The inspectors reviewed a detailed training matrix which indicated that there were some gaps for the core staff team of which the person in charge was aware prior to this inspection.
- All staff had completed training in infection prevention and control as well as managing challenging behaviours.
- The majority of the staff team had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents while ensuring their safety and safeguarding them from all forms of abuse. These included training in mandatory areas such as safeguarding. At the time of this inspection one core staff was required to

complete refresher training in this area.

- Additional training had also been identified as being required to effectively support the residents living in this designated centre which included medication management. One staff member had not completed this training at the time of this inspection. Two staff members had not completed training in dysphagia which was documented as being required to effectively support the assessed needs of the residents in this centre.
- A number of staff had completed other training which included three staff completing dementia care, social role valourisation was completed by one staff, four staff had completed assisted decision making and heart saving training had been completed by seven staff.
- The inspectors were informed the person in charge had completed staff supervisions during 2024 and completed the most recent supervisions with five of the staff team in February 2025. All of the current core staff team had scheduled supervisions planned for October 2025.
- The inspectors were informed of the provider's processes regarding the training completed by staff employed by external agencies and who had worked on occasions in this designated centre. The provider has a service level agreement in place which includes that such staff have minimum training completed which includes safeguarding.

Judgment: Substantially compliant

Regulation 23: Governance and management

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

- There was a management structure in place, with staff members reporting to the person in charge.
- The person in charge was also supported in their role by senior managers within the organisation.
- The person in charge ensured quarterly staff meetings were taking place with the staff working in both houses. The most recent meeting was held on 18 June 2025. The meeting notes included a review of recent incidents that had occurred in the designated centre which were not deemed to be a safeguarding concern. In addition, all staff were to ensure their training was kept up-to-date and to complete an on-line heart saver course.
- The provider had completed an annual review in October 2024 which identified the aging and changing needs of the residents in the designated centre. A review of the staffing levels and skill mix was undertaken. The inspector acknowledges that since the annual report was compiled one resident was supported to move to another designated centre with the same provider where the skill mix of staff which included nursing supports better

suited the assessed and medical needs of that resident. However, the auditor also noted that actions identified in the previous HIQA inspection had not been adequately addressed, these related to upgrade works on the premises.

- In addition, the most recent provider led internal audit on 9 June 2025 had identified outstanding actions remained to be completed relating to the upgrading of the premises. In the provider's compliance plan response submitted to the Chief Inspector following the May 2023 inspection, the provider had given an undertaking that upgrade works including replacement flooring would be completed by 31 December 2023.

Judgment: Substantially compliant

Quality and safety

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

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

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

One resident was informed and consulted on a planned transfer to another designated centre in March 2025 were increased supports including nursing care would be available to them. This took place following the resident's admission to an acute hospital at the start of 2025 for the management of an ongoing medical condition . This resident was reported to have settled in well in their new home and some of the residents met the resident on occasions at the retirement group.

Another resident was supported to move into the designated centre in April 2025. Residents spoken to during the inspection felt this resident had settled in well and outlined how they had been consulted and informed of the planned admission.

Regulation 10: Communication

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

- Residents were encouraged to have their viewpoints and opinions listened to. This included when residents informed staff that at times they found it hard to understand unfamiliar staff. To address this concern residents were assured at least one familiar staff would be working in the designated centre with whom they could communicate if such issues arose in the future.
- Residents had access to telephone, television and internet services in line with their expressed wishes.
- Residents were supported to communicate with relatives, friends and peers in other designated centres.
- Each resident had an up-to-date communication passport to reflect their individuality and preferences when communicating with others. This included a review of a resident's communication passport after they had moved into the designated centre in April 2025.
- Residents were provided with easy-to-understand documents on a range of topics including safeguarding and assisted decision making.
- Residents were observed to listen to their peers and be respectful during group discussions with the inspectors.
- Diaries to support the emotional well being for one resident were described by the resident to an inspector as being very helpful to them. The resident had two diaries which they updated regularly, one to help them remember important details and the other to describe how they are feeling.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the assessed needs of residents living in the designated centre. Both buildings were found to be clean, well ventilated and comfortable. The communal spaces enabled residents to interact with their peers and staff if they wished to do so. The inspectors were invited to visit one resident's bedroom in one of the houses which was decorated to reflect the personal interests of the resident. A resident in the other house did not wish inspectors to enter their bedroom and this was respected.

The inspectors acknowledge that some maintenance work had been completed since the previous inspection which included replacement of windows in one of the houses and plans to replace the windows in the other house progressing at the time of this inspection. However, not all actions from the May 2023 inspection had been addressed by 31 December 2023 as outlined in the provider's compliance plan response to the Chief Inspector. These issues remained unresolved on the day of

this inspection. This included replacement of flooring, kitchen counter tops that were damaged remained insitu and upgrading of a bathroom had not been completed. The provider's internal auditors had identified in June 2025 that some maintenance issues remained outstanding following the previous HIQA inspection.

Residents in one of the houses spoke of their preference to change the type of shower in one of the houses to provide more instant hot water as well as the wish to have a utility space available to them to launder their clothes. One resident explained it was not nice to have the clothes airer in the sitting room when clothes could not be dried outside. The inspectors did inform the provider at the feedback meeting of these requests. In addition, as the residents were able to advocate for themselves the inspectors encouraged the residents to consider speaking with the provider directly themselves regarding issues they had with the premises to seek a possible solution.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

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

- There were no escalated risks at the time of this inspection.
- The provider had ensured there were processes and procedures in place to identify and assess centre specific and individual risks. The person in charge ensured at a minimum every six months the risk register for the designated centre was subject to review or more frequently if required. It was evident pro-active measures were working effectively to support the provision of safe services to residents. For example; the provision of training to staff to ensure the ongoing safeguarding of the residents. Another centre specific risk relating to safe staffing had a control measure in place that if an unfamiliar staff was on duty a second staff would also be on duty to support the residents. This was observed to be in place on the day of the inspection.
- An individual risk assessment for one resident regarding choking had a control measure in place that all staff would complete heart saving training. Seven of the nine core staff had completed this training at the time of this inspection. At least one trained staff was on duty on every shift.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed different sections of three personal plans over the course of the inspection. Each resident had an assessment of need and personal plan in place. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents had been consulted in the development of their personal plans. The language used was respectful and considerate of each resident.

Detailed healthcare plans were in place, aged related health screening was also being supported. The inspectors were informed that a number of residents required ongoing supports and input to manage issues relating to their age, health and well being. This included access to consultants and allied health care professionals. Regular follow up appointments and counselling with psychology input was also available as needed.

Residents were supported to identify varied goals that were meaningful to them, For example, one resident who had expressed a wish regarding connecting with relatives was being supported to establish contact with family members by writing cards and sending emails. Other residents had attained goals such as going to concerts and attending the beautician.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage challenging issues. The provider ensured that all residents had access to appointments with allied health care professionals such as, psychiatry, psychology and behaviour support specialists as needed.

Where a resident required a positive behaviour support plan, this was in place. A resident who had moved into the designated centre in April 2025 had their support plan reviewed to reflect their new home. There was ongoing supports from the behaviour support team as required.

In addition, to other residents were being supported by the behaviour support team to help them manage certain behaviours such as obsessional behaviours

Judgment: Compliant

Regulation 8: Protection

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

- The provider had ensured a policy for the protection and welfare of vulnerable adults and the management of the allegations of abuse was in place and subject to regular review. The current policy had been approved by the provider in May 2024.
- There were two open safeguarding plan at the time of this inspection following a recent incident in the designated centre. There was evidence the residents affected were consulted and controls were in place to ensure the ongoing safety of the residents.
- Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. Residents were consulted and engaged in the development of such plans , all of the plans reviewed had been subject to regular updates and review.
- Residents were provided with information, assisted and supported to develop knowledge and self -awareness and skills needed for self care. This included awareness of money management and personal safety..

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

- Residents were supported to attend advocacy meetings or receive updates from such meetings regularly.
- Staff rosters were flexible to support the specific routines of individual residents. This included staff being available during the day time to support residents if they wished to remain at home or were unwell. This had being put in place by the provider to support the changing and aging needs of the residents living in the house.
- Residents were actively participating in their local communities if they choose to do so.
- Residents were supported to vote if they choose to do so
- Residents were supported to maintain links with relatives, friends and peers.
- Residents were supported to attend a retirement group each week as well as

- have days off in line with their expressed wishes.
- Residents were being supported to attain personal goals and identify activities in which they had an interest such as rug making or artwork.

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	Substantially compliant
Regulation 23: Governance and management	Substantially 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 Community Residential Service Limerick Group G OSV-0004963

Inspection ID: MON-0046834

Date of inspection: 30/07/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All training has been scheduled and completed since inspection occurred, and further dates planned. The PIC reviews all training needs on an ongoing basis and co-ordinates same.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Outstanding actions around premises were discussed with maintenance manager and with Approved Housing Body at a meeting on 13th August. Plan in place for flooring works to be completed in 2026. Other premises works on a schedule to be completed.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All outstanding premises works were reviewed with Approved Housing Body on 13th August 2025 and are on list for completion.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	04/11/2025
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	04/03/2026
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	Substantially Compliant	Yellow	04/03/2026

	safe, appropriate to residents' needs, consistent and effectively monitored.			
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