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:	Group J - St. Anne's Residential Services
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	19 February 2026
Centre ID:	OSV-0005158
Fieldwork ID:	MON-0040945

About the designated centre

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

In this centre a full-time residential service is provided to a maximum of four adults. Residents present with a broad range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory support. The premises comprises of a spacious two storey house. Each resident has their own bedroom shared communal, dining and bathroom facilities. One bedroom is en-suite. The house is located on the outskirts of a large town and a short commute from all services and amenities. The model of care is social and the staff team is comprised of support workers. Staff have expertise and education in care of persons with a disability. Care is guided and directed by the person in charge who is supported by staff and by senior management personnel.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 19 February 2026	09:00hrs to 17:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This announced inspection was carried out by one inspector to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. Overall good levels of compliance were found. This inspection had positive findings, with the majority of regulations inspected found to be compliant and improvement required in the area of staff training and notification of incidents.

There were four residents living in the centre and no vacancies. The inspector had the opportunity to meet with the four residents on the morning of the inspection and in the afternoon when they returned from work and day services. The inspector met with all residents on arrival to the centre as they were having a cups of tea and getting ready for the day ahead. The inspector sat with the residents and had a cup of tea with them and chatted about their home and their different plans. There was a happy and relaxed atmosphere as residents sat together talking. One resident told the inspector about an upcoming holiday and GAA matches they were planning to go to and a soccer match they had recently gone to in Liverpool. Residents told the inspector that they loved their house when asked and had no complaints.

The inspector completed a walk around the centre. The premises was warm and homely. The house comprised of a spacious two storey house. Each resident had their own bedroom shared communal living, dining and bathroom facilities. One bedroom was en-suite. There was also a room upstairs used for relaxation and for residents to meet with visitors. One resident showed the inspector their bedroom, they appeared very happy with this and told the inspector how they had recently broken a drawer in their room and how this had since been fixed. Overall the premises was in a good state of repair. Some minor areas required improvement such as, areas of worn flooring and staining to areas of tiles. This had been self-identified by the provider and an action plan was in place for these works.

Satisfaction questionnaires were sent to the centre prior to the inspection day as part of the registration renewal process. All four residents had completed these. Some had completed them independently and some had completed with support from staff. All questionnaires detailed that residents were happy living in the centre. One resident noted that "My bedroom is grand" another spoke about a staff member being a "great cook". Another wrote "I went to Liverpool" and "I like living here". Other comments included "Happy with everything", "I have my own en-suite. It's important to me" and "Staff are nice to me".

From speaking with residents and reviewing support plans, it was evident that residents experienced regular meaningful activation. All residents attended day services, work, employment or training. One resident told the inspector about their job and said it was "busy" when asked and that they enjoyed this. Residents all had individual goals and plans they were working towards, with some residents planning

holidays and spa days and others going to concerts and shows or working towards improving independent living skills.

The residents were supported by a team of familiar staff. The person in charge was a social care worker and the remaining staff team comprised of care workers. The provider was recruiting for new to staff to work within the organisation and residents were involved in the upcoming recruitment day. Residents experienced regular key working sessions and had meetings monthly with staff. It was evident that they were regularly consulted regarding their choices in areas such as their activation schedules, menu options, social goals, personal plans of care and future planning.

One resident presented with a health concern on the morning of the inspection. The person in charge recognised this and immediately arranged for them to be reviewed with their General Practitioner (GP). Staff supported the resident to attend this review and then the resident chose to stay at home and rest for the remainder of the day. This choice was respected and facilitated by staff.

Residents all returned home from their different daily activities in the afternoon. The inspector spent time in the centre kitchen speaking with residents and observing their evening routines. A relaxed and familiar atmosphere was observed. Residents asked staff what was for dinner later and helped themselves to cups of tea and cake. One resident noted that their headphones were broken and staff immediately organised a trip into the local town to support them to buy new headphones. Residents spoke about their days in work. One resident communicated that they had gone out to do some shopping with their day services.

In summary, it was evident that residents living in this centre were receiving a good service which was promoting their needs, choices and preferences. Residents appeared to be comfortable and content living together in their home

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

This was an announced inspection to inform a registration renewal decision. The inspector found that the provider was demonstrating the capacity and capability to provide a safe and effective service to the residents living in the designated centre.

There was a clear management structure in the centre which was outlined in the centre statement of purpose. The person in charge was present in the centre regularly and was very knowledgeable regarding residents and their needs. The centre was staffed in line with the statement of purpose. The inspector was assured

that residents were in receipt of continuity of care and support in line with their own preferences and assessed needs.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application to renew the registration of the centre. They had submitted all of the required information in line with the required timeframes.

Judgment: Compliant

Regulation 15: Staffing

The centre had a regular staff team in place. A sample of eight weeks of rosters were reviewed. They were well-maintained and demonstrated that all of the required shifts were covered in line with the centre Whole Time Equivalent (WTE). Planned and unplanned leave was covered by regular staff. There were appropriate staff numbers and skill mixes in place to meet the assessed needs of the residents during the day and night. The staff team comprised of the person in charge and care workers. There was one staff vacancy on the day of inspection and this was being filled by regular relief staff.

Staff meetings were held monthly and these were used as an opportunity to review residents' ongoing support needs and issues such as safeguarding, HIQA inspections, audits, residents finances and health and safety. Residents social goals and activation schedules were included in this review and actions were assigned to key workers when required.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed training records for all staff working in the centre. Training was being completed in areas such as Fire Safety, Medication Management, Manual Handling, Epilepsy, Safeguarding, Infection control, Behaviour Management and Feeding/Eating and Drinking. Training records reviewed demonstrated that there were some outstanding staff training needs in the centre. Three staff members were found to require refresher fire safety training and one new staff member was due to complete initial fire safety training. This presented as a risk due to these staff lone working at night time in the centre. Furthermore, one staff was due refresher Manual handling training, one staff member was due refresher Medication

Management training, one staff was due refresher training in Epilepsy, two staff were due refresher training in Feeding/Eating and Drinking and one staff member was due refresher training in Behaviour Management.

Management were completing formal one-to-one supervision with all staff. Supervision was scheduled and completed every 3 months.

Judgment: Not compliant

Regulation 22: Insurance

A contract of insurance was acquired by the provider for the designated centre. A copy of this submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a robust management system in place which ensured that there was effective oversight of the daily running of the centre, and that there was sufficient monitoring of the quality and safety of the service provided on a regular basis. The centre had a full time person in charge who shared their role with one other designated centre and was regularly present in the centre. The centre also was supported by an area manager.

An annual review of the care and support provided in 2025 had been completed by the service risk and safety adviser. Feedback on the service had been sought from residents. Unannounced inspections were also carried out in the centre on a six monthly basis. These included a review of the centre's compliance with the regulations and consultation with residents. The inspector noted that the most recent six monthly audit was completed in December 2025 by a service manager and appropriately identified areas in need of improvements such as minor outstanding premises works .

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre and was available and reviewed in the centre. It

contained the required information set out in Schedule 1 such as the centre registration details, support needs in the centre and staffing arrangements. This had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident reports and completed a walk around the premises. One restrictive practice was noted during the walkaround that had not been included in the centre's quarterly returns in line with regulatory requirements. This was found to have minimal impact to residents.

Judgment: Substantially compliant

Quality and safety

Systems were in place to regularly review and monitor the quality and safety of care and support in the centre. The staff team and management were striving to provide a safe and high quality level of care to the residents.The inspector reviewed a number of areas to determine the quality and safety of care provided, including a review of premises, risk management, individual assessments and personal plans, protection and fire safety.

The residents were found to be in receipt of individualised care and support, relative to their needs and associated risks. Plans clearly outlined the supports the residents required. The residents were being supported to develop and achieve their goals and participate in a range of activities.

Regulation 13: General welfare and development

Residents were all provided with appropriate care and support in accordance with their assessed needs and disabilities. All residents had good access to activation and recreation. Residents all spoke with the inspector about their day services, education and employment and the activities that they regularly enjoyed including cinema trips, family visits, holidays, meals out, a men's shed, shopping, bingo and mindfulness activities. Each resident had an individual assessment in place for their education, training and development needs .

Residents experienced regular key working sessions and had weekly advocacy meetings with staff. It was evident that they were regularly consulted regarding their choices in areas such as their activation schedules, menu options, social goals, personal plans of care and future planning.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was found to be suitable to meet the assessed needs of the resident living there. The premises comprises a spacious two-storey house. Each resident had their own bedroom and there was shared communal living, dining and bathroom facilities. One bedroom was en-suite. There was also a room upstairs used for relaxation and for residents to meet with visitors. In general, the premises presented in a good state of repair. Some minor areas required improvements such as areas of worn flooring and staining to areas of tiles. This had been self-identified by the provider and an action plan was in place for this.

Judgment: Compliant

Regulation 26: Risk management procedures

There were clear systems in place for the assessment, management and ongoing review of risks in the designated centre. There was a service specific risk management policy and safety statement in place. General risks were managed and reviewed through a service risk register. The risk register was up-to-date and outlined the controls in place to mitigate potential risks in the centre, along with actions required, potential impact and persons responsible.

Residents all had a number of individual risk assessments in place and these were regularly reviewed. Residents presenting with a risk of falls had control measures in place such as environmental safety checklists, monitoring systems, manual handling plans and screening tools.

The centre maintained an accident and incident log as a record of any adverse incidents in the centre through an online systems. It was evident that incidents were appropriately addressed with follow up actions and supporting documentation such as referrals, when required. Health and safety measures were regularly reviewed and a walk around was completed weekly in the centre by staff to review areas such as fire safety, carbon monoxide levels, laundry facilities, electrical safety, and general housekeeping.

Judgment: Compliant

Regulation 28: Fire precautions

In general, the inspector found that the provider had ensured there were appropriate fire safety systems in the centre. A walkaround the centre found that there were appropriate detection systems, emergency lighting, and fire fighting equipment. These were all serviced and checked regularly with a qualified fire safety specialist. Daily fire safety checks were being completed by staff.

The centre's evacuation procedures were prominently displayed in the centre. Staff and residents were completing regular fire drill evacuations. These simulated both day and night time conditions and demonstrated that the centre could be evacuated in an efficient manner in the event of a fire. All residents had up-to-date personal emergency evacuation plans in place (PEEPs) which had been recently reviewed.

The inspector completed a check on all fire doors in the centre. Following this review, the inspector queried the efficacy of one fire door. The person in charge immediately reviewed and addressed this and the inspector was satisfied that overall there were appropriate containment systems in the designated centre.

Improvements were required to ensure all staff had up-to-date training in fire safety as noted under Regulation 16. Three staff members were found to require refresher fire safety training and one new staff member was due to complete initial fire safety training. This presented as a risk due to these staff lone working at night time in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The designated centre was suitable for the purposes of meeting the assessed needs of each resident. All residents had comprehensive assessments of need and a plan of care.These appropriately reflected the residents' health, personal and social needs and supports required for activities of daily living.

All residents experienced an annual review of the care and support provided and these were used as an opportunity to discuss the resident's plan for the year ahead and to assess any changing needs. Care plans were regularly reviewed and audited by the person in charge. Any recommendations made by members of the multi-disciplinary team were integrated into the residents' plan of care. Easy-read guides were regularly developed to discuss important topics with resident such as helathcare appointments and advocacy. Residents all had up-to-date hospital

passports in place for use in the event of their transfer to an acute healthcare setting.

It was evident that residents experienced regular meaningful activation. All residents attended day services, work, employment or training. One resident told the inspector about their job and said it was "busy" when asked and that they enjoyed this. Residents all had individual goals and plans they were working towards with some residents planning holidays and spa days and others going to concerts and shows or working towards improving independent living skills.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage behaviours of concern. Residents had access to multi-disciplinary supports and personal behavioural support plans were in place when required. These guided staff on implementing proactive and reactive strategies to support residents with behaviours of need. Some restrictive practices were in use in the centre. Clear rationale for their use was outlined in corresponding individual risk assessments. These were regularly reviewed with a goal of implementing the least restrictive practice for the shortest duration necessary. As discussed previously under Regulation 31, one restrictive practice was noted during the walkaround that had not been included in the centres quarterly returns in line with regulatory requirements. This was found to have minimal impact to residents.

Staff had completed training in behaviour management, one staff was due refresher training in this area as noted under Regulation 16. Staff spoken with were knowledgeable regarding residents behavioural support needs .

Judgment: Compliant

Regulation 8: Protection

There were appropriate measures in place in the designated centre to safeguard residents. There were no open safeguarding concerns on the day of inspection. Safeguarding incidents were minimal and residents appeared to be a compatible group. Residents had individual support plans in place for their intimate and personal care.

Staff spoken with were familiar with who to raise a concern with, should a safeguarding concern arise. All staff had up-to-date training in the Safeguarding and protection of vulnerable adults and all staff had up-to-date Garda Vetting. Any

safeguarding concerns were treated in a serious and timely manner and in line with national policy.
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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Group J - St. Anne's Residential Services OSV-0005158

Inspection ID: MON-0040945

Date of inspection: 19/02/2026

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has updated the recording (training matrix) – to ensure training records are maintained and fully evident. All staff who lone work are now up to date with Fire training including the staff who had not completed the initial training on the day of the inspection. Refresher FEDs training has been completed on HSEland for the staff who were out of date. Refresher manual Handling training is booked for 12/05/2026 and 09/06/2026 respectively for the staff who will be due.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Following the inspection documentation was prepared for the use of a Restrictive Practice for 3 individuals in the designated centre regarding the environmental restriction in use. An MDT Restrictive Practice Meeting was convened; on 30/04/2026 and the restriction was discussed and approved for one individual in the centre. Further reviews will take place on 07/05/2025 for the 2 other supported individuals regarding the restriction. These restrictions will be added to the restrictive practice register in the designated centre on approval by MDT. The NF39A submitted for Quarter 1 highlights that the preparatory documentation was completed, and this was also in the Care Plans pending agreement from MDT members. The Person in Charge will return these restrictions quarterly as per regulations.	

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.	Not Compliant	Orange	30/06/2026
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or	Substantially Compliant	Yellow	07/05/2026

	environmental restraint was used.			