

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

## Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group N
Name of provider:	Avista CLG
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	29 October 2025
Centre ID:	OSV-0005163
Fieldwork ID:	MON-0044088

## About the designated centre

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

St. Anne's residential service Group N is a residential centre. The centre currently accommodates four residents over the age of 18 years. The centre is registered to accommodate six residents but generally operates with a maximum capacity of five residents. The service operates on a full-time basis but residents attend different nearby day services Monday to Friday. The house is a detached dormer style house located on its own spacious site and conveniently located to facilities such as shops and the nearby church. Accommodation for residents is provided on both the ground and first floors and is suitable for residents with physical and mobility needs. The day-to-day management and oversight of the service is delegated to the person in charge supported by the senior management team. The house is staffed when residents are present in the house.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 29 October 2025	10:00hrs to 16:30hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to monitor the provider's compliance with the regulations. The findings of this inspection reflected a centre that was well-managed and effectively overseen by the provider. The provider demonstrated a high level of compliance with the regulations. Residents received the support that they needed to maintain their health and well-being and to enjoy a good quality of life. There were two residual issues for the provider to address from the last HIQA inspection in relation to the suitability of the transport provided for residents and the upgrading of ensuite facilities.

The designated centre is located on the outskirts of a village a short commute from a number of other well-serviced towns. The centre is registered to accommodate a maximum of six residents but the number of residents normally accommodated is five. There were four residents living in the designated centre at the time of this inspection. Each resident is provided with their own ensuite bedroom two of which are on the ground floor of the dormer-style house. Residents share communal spaces that include a sitting room, a dining room and a spacious kitchen. There is a room available on the first floor that a resident likes to use as a quiet space. There is provision for parking to the front of the house and residents have access to a garden to the rear of the house.

On arrival the inspector noted that general maintenance matters had been attended to since the last inspection. The house presented well and had been painted. Internally, the house was also noted to be in a good state of repair and decoration. The inspector saw that a new kitchen had been fitted. The house was bright, visibly clean, welcoming and homely and provided residents with a safe and comfortable home.

There were two residents in the centre when the inspector arrived as they were on a mid-term break from their day services. The other two residents had left for their day services. However, the inspector had the opportunity to meet all four residents prior to the conclusion of this inspection.

There were two staff members on duty providing support for the two residents present. The residents were still in bed. Staff said the residents were enjoying the slower pace of life and routines associated with their week off. The person in charge was on a planned day off and the inspection was facilitated by these front-line staff members. The inspector also met with a clinical nurse manager (CNM3) and the residential services manager both of whom came separately to the centre to provide any assistance or clarity needed.

The staff members on duty while they had no role in the management of the centre competently facilitated the inspection process. They were well informed as to the care and support needs of each resident and all other matters discussed such as the

systems in place for the management of medicines, the management of resident's personal finances and how residents were safeguarded from harm and abuse. Staff said they had good support from the person in charge and the wider organisational structure and enjoyed working in the designated centre.

The assessed needs of residents included communication differences and how each resident communicated was clearly described by the staff on duty and in the personal plan reviewed by the inspector. In the context of their needs the four residents met with used a variety of methods to engage with the inspector. For example, throughout the day one resident listened intently, held good eye contact with the inspector, nodded and smiled in response to what the inspector said. The resident was very relaxed in their home and generally attended to their own needs as they arose during the day.

As the day went on a resident became more at ease with the presence of the inspector in their home. The resident took the inspectors hand and smiled coyly when spoken with. The inspector noted how the resident vocalised or used purposeful words to alert staff. For example, the resident repeated the word bus when their peers returned in the afternoon from their day service. While verbal communication was not their primary means of communication the resident sang their party piece song for the inspector. Likewise another resident smiled and used warm gestures to welcome the inspector to their home. The fourth resident asked the inspector their name and where they were from and seemed content with this level of engagement.

All of the residents looked well and presented as happy and content in the house and with the staff members of duty. The provider had good arrangements that ensured residents had access to the healthcare services that they needed and were provided with the required level of staff support. The staff on duty were satisfied with the current staffing levels and arrangements. The inspector saw that residents had the support they needed so that they could transfer, eat and drink safely. The atmosphere in the house was easy and relaxed.

The staff on duty were very familiar with each resident's personal circumstances and described how residents and families maintained contact. This included supporting residents to go home to family as seen on the day of this inspection.

The provider sought feedback from residents, their representatives and from staff as part of its programme of quality assurance. Where representatives did provide feedback it was largely positive but where any dissatisfaction was raised it was clearly recorded how this feedback was explored and responded to. One matter raised was the ongoing matter of suitable transport for the residents. This will be discussed again in the body of this report.

There was good evidence available to the inspector to support the opportunities each resident had to be active, meaningfully engaged and visible in the local and wider community. For example, one resident had attended the all-Ireland hurling final but the Liam McCarthy cup was brought to the house by team members for all residents to enjoy. The team members, the cup and the four residents proudly

wearing their county jerseys was one of the photographs prominently displayed in the centre. One resident liked to knit to relax and smiled when the inspector noted the wool was red and the same colour as the defeated county.

Overall, the inspector concluded, based on the findings of this inspection that residents were supported by a competent team of staff, the centre was well managed by the person in charge and the provider maintained good and consistent oversight of the quality and safety of the service.

The next two sections of this report will describe the governance and management arrangements in the designated centre and how these assured the appropriateness, quality and safety of the service.

## Capacity and capability

The provider had governance arrangements in place to ensure that a good quality and safe service was provided to residents. There were clear lines of responsibility and accountability. The provider had quality assurance systems and was using these consistently to monitor the service provided to residents. However, there were two matters that the provider itself had identified through these quality assurance systems that were yet to be fully addressed.

The day-to-day management and oversight of the designated centre was undertaken by the person in charge. While not present for this inspection, the inspector was assured the person in charge was consistently engaged in the management of the designated centre. This was evidenced for example in the level of compliance found. Staff spoken with confirmed the access they had and the support they received from the person in charge who was reported to listen to their concerns and provide feedback.

Staff met with told the inspector that in addition to this access and support formal supervision with the person in charge was also completed and regular staff meetings were held. The inspector saw the minutes of these meetings. The meetings were regular, there was good staff attendance at the meetings and comprehensive discussion took place of resident and staff related matters.

The inspector saw that staff also had access to a manager on duty rota that included weekend and night-time management access for staff.

The staff duty rota was prepared and planned in advance by a staff member with oversight provided by the person in charge. The inspector reviewed the staff duty rota. The rota was well maintained and reflected the staffing levels described and observed. The staffing levels and arrangements presented as adequate to support the needs of the current residents.

Staff spoken with confirmed they had good access to a programme of ongoing

training. An overarching training record was maintained as were individualised records of the training completed. The inspector reviewed these records and identified no training gaps.

The provider had systems for continually monitoring the quality and safety of the service. Some of this monitoring was completed locally by the person in charge while some was completed by other stakeholders on behalf of the provider. For example, the clinical nurse managers, the clinical nurse specialists and quality and risk personnel completed audits such as of the infection prevention and control procedures in the centre, the systems for the management of medicines and the annual and at least six-monthly quality and safety reviews required by the regulations. The inspector read these reviews, saw that they were comprehensive, incorporated the feedback mentioned in the first section of this report and monitored the progress of the quality improvement plans.

Overall, the records seen indicated that the quality improvement plans were progressed. For example, the clinical nurse specialist in infection prevention and control had completed a recent follow-up of an earlier audit and found that all actions had been progressed. However, the inspector found there were two recurring quality improvement matters in relation to the suitability of the current transport available to residents and the upgrading of some ensuite facilities.

The provider advised and acknowledged that the six-monthly quality and safety review was slightly overdue. Records seen indicated that it was. The residential service manager assured the inspector that the review would be completed the week after this inspection.

#### Regulation 14: Persons in charge

The provider had appointed a person in charge. The person in charge had the required experience, skills and qualifications for the role. While not on duty for this inspection, the inspector was satisfied based on what staff said and records seen that the person in charge was consistently engaged in the management and oversight of the service.

Judgment: Compliant

#### Regulation 15: Staffing

Based on the available evidence the inspector was assured staff numbers and arrangements were in line with the assessed needs of the residents and were adequate to provide what support was needed. The centre was however operating at a reduced occupancy of four residents at the time of this inspection.



The staffing levels observed were as described to the inspector and as presented on the staff duty rota. Ordinarily there were two staff members on duty by day and a staff member on sleepover duty at night. Staff spoken with were satisfied with the current staffing levels and arrangements.

Staff described for the inspector how they reported any pattern of residents getting up at night to the person in charge and if additional support was needed they could contact the on-call night-time management team. Residents were reported to be currently enjoying a good sleeping pattern.

The inspector reviewed the current and planned staff duty rota. The rota was well maintained and demonstrated good continuity. For example, there was one vacancy. The inspector saw that a regular relief staff member worked in the centre and additional shifts were also worked by the regular staff team. The CNM3 told the inspector that the provider had an ongoing programme of recruitment.

Nursing advice, input and oversight was available as needed from the person in charge who was a clinical nurse manager two (CNM2) and from the wider organisation such as the CNM3's and the clinical nurse specialists in various areas such as behaviour support and infection prevention and control.

Judgment: Compliant

## Regulation 16: Training and staff development

There was a system in place for monitoring and ensuring that adequate staff training levels were maintained.

The inspector reviewed the staff training records. There was a training record in place for each staff member listed on the staff duty rota including the relief staff. The records were well maintained and had recently been updated. The inspector identified no training gaps with all staff recorded as having completed training such as in safeguarding, fire safety, responding to behaviour that was challenging, managing medicines and training in movement techniques in resident care.

Additional training completed by staff including training in supporting residents to eat and drink safely, a comprehensive range of infection prevention and control training, promoting the rights of residents and understanding the assisted decision-making process.

There were systems in place for the support and supervision of staff. This included on-site support and supervision with the person in charge, regular staff meetings and formal support and supervision meetings with the person in charge. The inspector saw that a staff team meeting was held most recently in September 2025 and a broad range of relevant topics was discussed.

The staff spoken with and the practice observed reflected a competent staff team

who benefited from the training and support provided.

Judgment: Compliant

### Regulation 23: Governance and management

The findings of this inspection reflected a designated centre that was well-managed, consistently and effectively overseen. The provider itself was identifying matters that impacted on the quality and safety of the service and was generally responding appropriately to these matters. However, there were outstanding matters that were not fully addressed.

The inspector noted that the suitability of the transport provided for residents was a repeat finding of the providers own internal reviews and had also been highlighted as an area for improvement by a representative and by the staff team. Staff spoken with said that they managed with the current transport but believed they could better support residents in a more spacious vehicle. For example, there was a requirement for a safeguarding measure when residents were in the vehicle together which meant that residents had to sit in specific seats. Staff said that another resident would be more comfortable in a more spacious vehicle. The current vehicle would not be sufficient if another resident was admitted to the centre.

The inspector saw that upgrading works were still needed in one resident's ensuite facility. The design of the current accessible shower tray was not conducive to effective cleaning.

Based on what was discussed with the inspector these outstanding matters were linked to the availability of the required resources.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

While there were contracts for the provision of a service to residents in place the contracts were not appropriately signed.

The inspector saw that the provider had a policy and procedures governing the admission of residents to the designated centre. The policy set out how those procedures considered the needs of the existing residents and protected them from harm such as the risk of harm from a peer.

The inspector saw correspondence that issued to each resident advising them as to how any fees they had to pay for the service they received were calculated and any changes to those fees. However, while each resident had been provided with a

recently updated contract, none of the contracts were signed by the residents or by a representative on their behalf.

Judgment: Substantially compliant

## Quality and safety

Based on the findings of this inspection each resident received a good standard of evidence based support and care that kept them safe and well while also ensuring they enjoyed a good quality of life connected to home and family and the wider community.

The inspector discussed the care and support needs of each of the four residents with the staff members on duty and reviewed one personal plan. The staff on duty were well informed as to the needs and changing needs of each resident. Staff discussed for example how they monitored resident wellbeing, noted small changes in resident ability, escalated their concerns to the person in charge who arranged for further review and screening.

What was discussed with staff was what the inspector read in the personal plan. For example, the strategies in place for supporting residents to manage their anxieties and any behaviour of concern. All staff spoken with were very aware of the positive impact on all residents including the resident who transitioned from the centre following the completion of a longstanding transition in 2024.

Staff spoken with were familiar with any residual risk that presented from behaviour of concern. Staff were clear on the therapeutic supports that were in place, understood their responsibility to implement controls such as where residents sat in the transport vehicle and, their responsibility to report any incidents that did occur including any impact on peers.

Based on what staff said and what the inspector read including the accident and incident log for 2025, the risk for such incidents to occur was now very low with one incident reported and recorded. This indicated that staff understood and provided the support needed and recommended by the multi-disciplinary team (MDT).

Staff were aware of the provisional plan in place to accept a resident for admission to the designated centre. While not actively involved in this process staff were kept updated on the pre-admission assessments completed by the person in charge and factors that needed to be considered to ensure the safety and suitability of the placement. This included the suitability of the premises, the level of staff support needed and, in the context of the challenges that had previously arisen in this centre, ensuring compatibility with and protecting the rights of the existing residents. These principles were enshrined in the provider's admission policy.

There was an evident commitment to progressing resident's goals and objectives.

The inspector noted for example, that activities linked to residents' goals such as a trip on a train and visits to the light display in Dublin Zoo were included on the staff duty rota.

The provider had fire safety systems in place and maintained good oversight of these systems including the arrangements for evacuating residents and staff in the event of a fire emergency. Each resident had a personal emergency evacuation plan (PEEP) that set out for staff the guidance and assistance each resident needed included wheelchair evacuation for one resident. A staff spoken with confirmed they had participated in a recent unannounced early morning drill. The staff described the support they provided to each resident as outlined in their PEEP and the assistance a resident could give to staff so that they were safely transferred into their wheelchair for evacuation.

## Regulation 10: Communication

The assessed needs of the residents including communication differences. The provider ensured that residents were supported and assisted to communicate in line with their assessed needs. A total communication approach was used where a variety of communication methods were respected and used.

Communication strategies were informed with input from the MDT and a range of communication tools were available for staff to use. These included visuals and pictures and a range of social stories.

The personal plan reviewed by the inspector contained comprehensive guidance for staff on the resident's communication needs and abilities and how they were to be supported. Staff spoken with were evidently familiar with and implemented these communication plans. Staff described for example the importance of simple language and taking guidance from the resident. Staff made a clear and respectful distinction between a resident's ability to understand and their expressive ability.

The inspector found there was a strong emphasis on the communicative function of behaviours and plans and strategies for staff to use. These included providing routine, not keeping the resident waiting and giving the resident sufficient time to understand what was said.

Judgment: Compliant

## Regulation 11: Visits

Different arrangements were in place for supporting visits to home and for receiving visitors in the designated centre dependent on the circumstances of each resident. For example, staff described how they provided support for a resident to visit home

on a regular basis. The inspector saw how staff were making preparations for another resident to go home with family on the evening of this inspection such as helping the resident to pack and preparing a supply of medications.

Judgment: Compliant

### Regulation 12: Personal possessions

The provider had systems in place that ensured residents had access to and benefited from their personal monies.

Staff spoken with confirmed that each resident had access to their own bank account. Staff supported residents to access and manage their monies. The inspector saw that this support was provided based on the findings of a financial capacity assessment.

Staff spoken with understood the difference between residents personal expenses and the general house expenses that were the responsibility of the provider. The inspector reviewed the financial records of two residents for the months of September and October 2025. Expenditures and lodgements were logged, there was a supporting receipt in place for each expenditure, the expenditure corresponded with the entries in the financial ledger.

The person in charge completed monthly oversight of each resident's financial records and signed to confirm same.

The inspector saw that residents had adequate personal storage and laundry facilities were provided.

Judgment: Compliant

### Regulation 13: General welfare and development

Good and consistent access to the MDT ensured the evidence base of the support and care provided to residents. Disability was not an obstacle to residents having opportunity to be meaningfully engaged and to enjoy doing things that they liked.

Each of the four residents attended an off-site day service Monday to Friday where they were supported to enjoy activities such as swimming. Each resident also had a personal plan in the designated centre and residents were supported to attend events that they enjoyed and to engage in community activities such as going to the barber and eating out. Staff said that residents also liked to just relax after their busy week in the day services. Residents listened to music, did some table-top activities, went for walks and to watch matches being played in the nearby pitch.

Residents attended music therapy, music sessions and enjoyed trips to different recreational amenities such as a sensory garden.

Judgment: Compliant

### Regulation 17: Premises

The location, design and layout of the centre was suited to its stated purpose and function. The inspector saw that the provider had completed most of the maintenance issues that required attention at the time of the last HIQA inspection.

Each resident was provided with their own ensuite bedroom that they could and had personalised. The shared areas such as the sitting and dining room were homely and welcoming. The inspector saw that a pleasant new kitchen had been fitted.

Adaptations were made and equipment was provided for the safety and comfort of the residents such as the provision of a second handrail on the stairs, a bath with a seat to assist residents to get in and out of the bath, shower chairs and a seated weighing scales.

Some upgrading of the ensuite facilities was still needed. This is addressed in Regulation 23.

Judgment: Compliant

### Regulation 18: Food and nutrition

Resident's nutritional needs were supported appropriate to their assessed requirements.

The personal plan contained information as to the resident's nutritional needs and the support to be provided. That support was advised by the MDT such as the speech and language therapist and a dietitian. The inspector observed staff preparing a modified meal and it was the consistency outlined in the personal plan.

The inspector was assured resident's nutritional needs were kept under review. For example, the speech and language therapist consulted with staff and came to the house to directly observe a resident eating and drinking at lunchtime so as to assure the safety of their safe eating and drinking plan.

Residents had input and choice as to the meals provided and also enjoyed eating out at intervals.

Staff monitored resident body weight and sought advice as needed from the MDT.
Judgment: Compliant
Regulation 28: Fire precautions
<p>The provider had effective fire safety management systems in place.</p> <p>The inspector saw that the house was fitted with fire safety measures that included a fire detection and alarm system, emergency lighting, fire-fighting equipment and doors with self-closing devices designed to contain fire and its products. Actions to be taken in the event of fire were prominently displayed. Escape routes were clearly signposted and unobstructed on the day of inspection.</p> <p>The inspector reviewed the fire safety register. There was documentary evidence that the fire safety equipment was inspected and tested on a quarterly basis while the staff team completed daily and weekly fire safety checks.</p> <p>Staff spoken with and records seen confirmed that regular evacuation drills that tested the effectiveness of the evacuation procedure were taking place. This included unannounced drills that replicated the night-time conditions. The eight drill records seen reported good and timely evacuation times and the full-participation of all residents.</p>
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
<p>The inspector reviewed the medication management systems in the designated centre and found that safe practices were in place for ordering, receiving, storing and administering medicines.</p> <p>Medicines were supplied by a community based pharmacy on an individual resident basis. Medicines were generally supplied in a compliance aid.</p> <p>Staff administered medicines to residents based on the findings of an explicit assessment of resident capacity to self-administer their own medications. Staff had completed training including training in the administration of a prescribed rescue medicine.</p> <p>The inspector reviewed the medication records for one resident. Clear protocols were in place to guide staff on the administration of the emergency medication. Staff maintained a record of each medicine they administered, the administration</p>

record was in keeping with the prescription.

There were quality assurance systems in place for overseeing and assuring how medicines were managed. Staff reported minimal medicines errors and this would concur with the log of incidents seen by the inspector.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector saw that a comprehensive assessment of resident health, personal and social care needs had been completed. Support and care plans were put in place in response to the findings of the assessment. This included any support needed for personal care, communication, behaviour support, nutrition and safe eating and drinking.

The provider maintained good oversight of the completeness of each resident's personal plan.

The inspector was assured by the records seen that residents' needs and their plans of support were kept under consistent review in consultation with the MDT. This included an annual MDT review.

Staff sought to include residents in the decisions made about the support and care provided. There was documentary evidence that families were invited to review meetings and kept updated in relation to any changes in needs.

There was a good system in place for progressing resident's goals and objectives. Records seen indicated that residents had achieved their previous goals and plans were in progress for the new goals.

The staff spoken with very knowledgeable of each resident's needs, any changing needs and the plans of support and care that were in place.

Judgment: Compliant

### Regulation 6: Health care

Appropriate healthcare was provided for each resident with regard to their assessed needs and their healthcare plans.

The inspector discussed with the staff on duty the general health and well-being of each resident. These staff had ready knowledge of each resident's health, the care they required and any planned appointments and reviews. In the personal plan the



inspector saw plans of care and support for identified healthcare needs. For example, the inspector saw plans for maintaining good and safe mobility and plans for supporting residents to eat and drink safely.

There was good documentary evidence of referrals to and reviews by services such as neurology, speech and language therapists, behaviour support specialists, dietitians, dentists, chiropody and physiotherapy and the resident's general practitioner (GP). Staff described the GP service as very accommodating of the needs of the service. The inspector saw that the GP provided feedback to staff such as the findings of blood tests.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Arrangements were in place to support residents to manage behaviour of concern and to support staff to respond to those behaviours. Good oversight was maintained of interventions that met the benchmark of a restrictive practice.

Staff spoken with had a good understanding of the behaviour that could be exhibited, its impact and strategies that could be used to reduce the risk of behaviour occurring or escalating.

The positive behaviour support plan seen by the inspector reflected the behaviours that were described by staff, their origin and their possible purpose and function. That analysis provided a good basis for staff understanding of the behaviour and for responding to it. There was a strong link between the positive behaviour support strategies and the assessed communication needs of the resident.

Staff were very aware of the positive impact on the quality and safety of the service following the completion of a longstanding transition from the service. Staff reported a minimal occurrence of behaviour related incidents and this was confirmed by the inspector's review of the accident and incident log.

The support provided was therapeutic but staff had completed training including training in de-escalation and intervention techniques.

Systems were in place for the sanctioning and review of any practices deemed to be restrictive. These were measures to mitigate risks such as devices to alert staff to incidents such as a fall or seizure activity. The measures were proportionate to the risk that presented and did not impact on resident rights or quality of life.

Judgment: Compliant

## Regulation 8: Protection

The provider had arrangements in place for safeguarding residents from abuse.

Staff spoken with confirmed that they had completed safeguarding training. Staff were familiar with the safeguarding risks in the centre, the measures in place for managing that risk, the protocol and reporting procedure for safeguarding incidents including incidents that could occur between residents.

The inspector saw that safeguarding residents from harm and abuse was discussed at the most recent staff team meeting.

The contact details for the designated safeguarding officers were prominently displayed in the centre.

In the context of their disability there were limitations as to how well some residents understood and could protect themselves from abuse. Staff described how residents would express how they were feeling. Residents had support from staff at all times in their homes and when out and about in the community.

The personal plan reviewed by the inspector included a plan for supporting the personal and intimate care needs of the resident.

Judgment: Compliant

## Regulation 9: Residents' rights

There were systems in place that supported and promoted residents' human rights.

Throughout the inspection there was consistent evidence as to how the individuality, choices, preferences and rights of residents were respected and promoted. As discussed in Regulation 10: Communication, staff spoken with clearly described to the inspector how each resident expressed what they wanted or did not want to do and how they were listened to. The inspector saw respectful records completed on a daily basis by staff that indicated residents had choice but could refuse for example, a meal that was provided while staff provided an alternative.

Staff recorded how residents went to bed and got up at a time of their choosing. The inspector saw how a resident enjoyed a lie-in on the day of this inspection and called staff when they were ready to get up.

There was individuality to the routines observed and a tolerance for the preferred routines of residents. The inspector saw how a resident liked to wear different socks, different shoes and to sit on the floor. While mindful of the resident's safety

these choices were supported by the staff on duty.

The residents had recently completed some personal shopping for an upcoming birthday celebration. Staff spoken with confirmed that while staff had supported the residents the residents had made their own clothing choices. Family, peers and staff were all due to attend the celebration.

Some residents like to express their spiritual preferences and were supported by staff to attend mass in the nearby church.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Anne's Residential Services Group N OSV-0005163

Inspection ID: MON-0044088

Date of inspection: 29/10/2025

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider has developed a costed plan in relation to the provision of a larger vehicle for the designated Centre and submitted two business cases requesting funding. In the interim the existing vehicle can be utilized to provide transport for residents.</p> <p>The registered provider has sought quotations and will continue with the application for an adaptation grant to the local county council for upgrades to an en-suite bathroom in the designated centre. The service Occupational Therapist has completed an environmental assessment 10/7/25, with residents' functional abilities in mind. An Enabling Environment report detailing recommendations for an upgrade to the ensuite bathroom has been submitted with the council grant application. The progress of this application will be monitored with a view to seeking an alternative solution if the grant is not approved.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Contracts of care for each resident in the designated centre will be signed by the residents or circulated to a representative on their behalf to sign as appropriate.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/04/2026
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/11/2025