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:	St. Anne's Residential Services Group P
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	08 September 2025
Centre ID:	OSV-0005564
Fieldwork ID:	MON-0047196

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 five adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. All five residents have available to them transport facilities which enable them to get out and about and engage in activities that interest them. Residents present with a broad range of needs in the context of their disability and the service aims to meet these physical, emotional and sensory needs. The premises itself is a bungalow type residence with all facilities for residents provided at ground floor level. The bungalow is subdivided to provide an individualised living space for one resident. Each resident has their own bedroom and share communal, dining and bathroom facilities (two bedrooms are en-suite). The house is located in a mature populated suburb of the town and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Nursing support is also available to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 8 September 2025	09:30hrs to 17:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre they were living in and they were supported to make decisions about their care and support.

Overall, the inspector found that the culture within the centre promoted safeguarding practices that were aligned to best practice and promoted a positive lived experience for all residents that lived in the home. However, some minor improvements were required in staffing, staff training, and provider-led auditing of the services to ensure the requirements of regulations were met and that best practice was achieved in these areas. Additionally aspects of premises including the layout and condition, required improvements.

The inspector used observations, conversations with staff and residents, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

The centre has capacity to accommodate five residents and at the time of inspection the centre there were no vacancies.

On arrival at the centre, there was one resident present. All other residents had left to attend their day service provision. There were two staff members present and the inspector spoke with both staff members. The person in charge later in the morning, and they facilitated the inspection.

In the morning, the inspector briefly met the resident that was present. They lived in a self-contained annexe at the side of the main house. When the inspector came into the residents living area they asked for the inspector to leave. Staff explained that meeting new people was difficult for this resident, so the resident's wishes were respected and the inspector left the area. The resident had a planned to go out in the morning and later in the day the inspector saw this resident spend time in the garden area of the home.

As part of the inspection process the inspector completed a a walk around of all areas of the home. The residents lived in a large detached bungalow building of a main road near a town in Co. Tipperary. The home was in close proximity to many local amenities in the town which the residents availed off. Some residents had chosen to lock their bedrooms when they left their home. The inspector did not go into these parts of the home in the morning and waited for the residents to return in the afternoon to view these rooms.

The designated centre presented as homely, warm and the majority of the home was well maintained. On the day of inspection there was a painter present to complete painting works within the centre. This work had been ongoing over the last two weeks and the staff explained that some pictures and mirrors had been

taken down to facilitate this work. There was lots of personal items displayed in bedrooms and communal rooms, such as art work, certificates of achievements, photographs and other decorative items. Some residents had televisions in their rooms.

On review of one resident's en-suite it was noted that remedial works had been completed to make this area more presentable. This was an action from the previous inspection. However, issues with mould still remained despite the works completed. In addition two other bathrooms in the home required maintenance works and replacement of equipment to ensure they were accessible and fit for purpose. More detail in relation to this will be provided under Regulation 17: Premises.

In the afternoon, the inspector got to meet the remaining four residents when they returned to their home. The residents were seen to come in and greet staff, put away their belongings and help themselves to hot drinks and snacks. Residents appeared comfortable speaking with each other and were seen to approach staff to tell them about their day and have a general chat about their day-to-day routines. Residents went to their rooms, or sat in the communal area and freely moved around their home.

Some residents choose to speak with the inspector. Residents stated they were happy in their home, enjoyed the company of their peers and knew how to make a compliant if they were not happy. One resident spoke about a compliant they had recently made and gave the rationale to why they made it. They told the inspector they wanted a bigger vehicle so that the group of residents could go out together. The person in charge was well aware of this compliant and had told the inspector about it earlier in the day.

The residents had busy active lives. One resident spoke about their personal planning goals that they had achieved this year, which included planning a birthday party and meeting a new friend. The inspector reviewed two other residents goals in their individual folders and saw pictures of residents attending fashion shows, attending day services, matches, train trips, shopping, meals and other activities within the community. Residents were encouraged to maintain their family relationships with residents visiting their family homes or having family members visit them in their own home.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there was a clearly defined management structure in the centre which included reporting safeguarding concerns when they arose in the centre.

Although there was a very committed and consistent staff team in place that ensured residents were safe at all times, the number of staff available to support residents was reduced at times due to staff absences, sick leave and annual leave. There was not always sufficient cover in place to cover staff vacancies.

Staff had been provided with appropriate training in relation to safeguarding practices. The staff were knowledgeable about the care and support needs of each resident, and of the reporting procedures in place should a safeguarding concern arise in the centre.

Regulation 15: Staffing

Overall, the registered provider was striving to ensure staff complement and skill-mix was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection. However, improvements were needed to fill vacant shifts on the roster to ensure the full staff complement was available to residents at all times.

The staff team consisted of a dedicated team of social care workers and care assistants. At the time of inspection they was one vacancy on the staff team and another member of staff on statutory leave.

The inspector reviewed rosters from the 4th of August 2025 up to the inspection date on the 8th of September 2025. All rosters were well maintained with staff members full name represented on the roster. For example, on the day of inspection all staff members that were on duty were represented on the roster which included the day service staff who attended the service to provide a wrap around care to one resident within the home. There was no use of agency which promoted good consistency of care.

However, not all shifts were being covered which meant the full compliment of staff was not always available. For example over a three week period in August, 20 shifts were not covered. Although the staff team managed to promote safe and consistent care during this time period the long term viability of this arrangement required review.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix that was in place to track the relevant trainings completed by staff. There were 12 staff represented on this matrix. From reviewing the training records the inspector found that, for the most part, staff were provided with the required training to ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and well being. For example all staff had completed training in relation to safeguarding, safe administration of medicines, managing behaviour that is challenging and epilepsy.

However, one staff member was outstanding in refresher training in fire safety and three staff required training in feeding, eating, drinking and swallowing needs. In addition, the system in place to record staff training required review to ensure appropriate oversight of training was occurring on a regular basis. For example, the dates on the training matrix presented to the inspector did not correspond with the actual trainings completed by staff.

There were systems in place to ensure that staff received regular supervision to enable them to complete their role effectively. Each staff received a minimum of two face to face supervisions per year and a Performance Development Review. The inspector reviewed the schedule in place for 2025 and found that all staff members had protected time allocated to complete this process. In addition, the inspector reviewed two recent staff supervision notes and found that they included discussions around safeguarding, including how to protect residents finances in line with the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, there were effective systems in place to promote a safe environment for the residents and ensure care was delivered in person centered manner. However, some improvements were required in the timeliness of provider audits and completing identified actions.

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a very experiences and knowledgeable person in charge. They were supported in their role by a service manager and Clinical Nurse Manager (CNM3). There were clear reporting structures in relation to reporting safeguarding concerns with a identified designated officer appointed to the centre.

A suite of local level audits were also completed to ensure the service was safe and meeting the residents' specific assessed needs. Audits such as IPC, health and safety, medication, care plans, fire safety and restrictive practice occurred in line with a specific scheduled. All audits were comprehensive and were identifying areas of improvement.

On review of the audits completed at provider level, the inspector noted that they were not occurring in line with the time lines set out in the Regulations. For example the inspector reviewed the six-monthly provider-led audit that occurred in December 2024. In line with the regulations the next provider-led audit was due in June 2025. This audit was completed in August 2025 and at the time of inspection the person in charge was awaiting the report.

The timeliness of completing actions required improvements. For example, a housing adaptation grant was identified as needed for one resident to ensure their environment was best meeting their needs. On review of the residents personal plan it was noted that this process had commenced in 2023. On the inspection day the inspector was informed that this had not been progressed and that the works remained outstanding. The inspector saw that the works had not been completed to the relevant area of the home.

To ensure effective communication within the staff team regular team meetings took place. The inspector reviewed the meeting notes for January, May and June 2025 and found that safeguarding was a standing agenda item on these meeting.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the staff team were providing person centred care to the residents in this centre.The residents enjoyed the company of their peers and were encouraged to take part in activities in their community. They had busy active lives and were encouraged to take part in the running of their home. Some improvements were required in relation to the layout and condition of the premises.

Overall, on the walk around of the home the inspector noted that the home was very clean and efforts had been made to ensure that the premises was homely in presentation. However, some aspects of the premises required renovation to ensure residents' needs could be best met. In addition, there were maintenance works in areas of the home, mainly bathrooms, that remained outstanding.

In terms of safeguarding there were good practices within the centre which aligned with national policy and best practice in this area. Staff had sufficient knowledge and training in this area. Residents were equipped with knowledge around the different types of safeguarding issues that they could encounter. This ensured any safeguarding incidents that had occurred within the centre were well managed.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes. The inspector reviewed two residents' personal plans and found that each resident had a a plan of care for communication and a communication passport in place. These documents accounted for each residents' specific way of communicating and were very detailed. For example, each communication passport contained information on what was important to residents and how they communicated their emotions. A speech and language therapist had signed off on both communication passport once they had reviewed the content. This ensured the document was in line with the residents' needs.

Easy read information on safeguarding, advocacy, the complaints process and rights was available to the residents which helped support them to communicate their feedback on the quality and safety of care provided in the service. The residents told the inspector how they made complaints if they were not happy with aspects of their care and support.

Residents also had access to telephones and other such media as Internet, televisions, radios and personal computers. For example, the inspector saw that residents had televisions present in their bedrooms.

Judgment: Compliant

Regulation 17: Premises

The centre comprises a large detached bungalow building located off a main road near a large town in Co. Tipperary. The house had been sub-divided to provide an individualised living space for a resident within the centre. This ensured that previous safeguarding concerns had been mitigated while ensuring all resident could enjoy the company of their peers if they so wished. However, aspects of this parts of the premises were not meeting a residents' assessed needs

The provider had identified that a resident's bathroom required renovation works to adjust the layout to make it a more suitable environment to deliver personal care. The inspector reviewed the personal care plan that was in place for this resident. This plan directed staff to deliver some personal care in the living/kitchen area of the home as the resident would not use the bathroom due to it's current layout. Although the resident's right to privacy and dignity was respected at these times, this was not a suitable solution to ensuring care and support was appropriately provided.

In addition, the main bathroom of the home required some maintenance works to ensure it was suitable to meet residents' assessed needs and was in a good condition. For example, flooring was missing from parts of the room and there was exposed cement. Also, another resident's en suite had some mould present in the shower area which required removal.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector found that the safety of residents in the centre was promoted through risk assessment, learning from adverse events, and the implementation of control measures.

The inspector reviewed two residents' individual risk assessments that were in place. All risk assessments were recently updated and contained control measures relative to the identified risk. For example, the inspector saw risk assessments in place for falls, choking, financial abuse, fire and spending time unsupervised.

The inspector found that there were good arrangements for the recording and review of incidents and adverse events.The inspector reviewed all incidents that had occurred from February to July 2025. All incidents had been reviewed by a member of the management team. Incidents were also discussed at staff meetings and other meetings such as multi-disciplinary team (MDT) meetings for information sharing and to identify learning.For example on review of MDT notes dated April 2025, seven specific individual risks relating to one resident were discussed in detail. This ensured senior level oversight of day-to-day risks within the centre .

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that residents' individual needs had been assessed, which informed the development of comprehensive written care plans to guide staff on the care and support interventions they required. All care plans were linked to health and social care professional recommendations, risk assessments, restrictive practices and positive behaviour support plans as required to ensure all information was streamlined and readily available to guide staff practice.

The inspector viewed the assessments and care plans for three residents, and found that they were up to date and readily available to staff in the centre. The inspector reviewed care plans in relation to health-related needs, communication, dressing, oral health care and management of finances.

To ensure residents had busy, active lives and access to meaningful activities personal goals were chosen in this area. The inspector saw that residents had chosen goals such as attending fashion shows, raising money of charities through different events, attending local and international matches, day trips and holidays. In the three residents folders the inspector saw photographs of residents at different

events. There was also goal tracking systems in place such as detailed steps written down on how the resident could achieve certain goals and steps taken to date.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall in the centre, residents required low support in the area of positive behaviour support. Notwithstanding, there were some restrictive practices utilised to ensure residents remained safe at all times. The inspector reviewed the systems in place to monitor restrictive practices and found that they were in line with the provider's policy and followed a least restrictive approach to care and support. For example, all restrictions were reviewed locally on a quarterly basis and annually by the MDT team. All restrictive practices had a clear rationale and were linked to relevant risk assessments and care plans.

The inspector reviewed one positive behaviour support plan. This had been updated in July 2025 by the Clinical Nurse Specialist. There was clear strategies in place to guide staff, including proactive, reactive and crisis management strategies. The plan was based on a a function based approach to identifying behaviours of concern which ensured the plan was in line with evidence-based practices.

Judgment: Compliant

Regulation 8: Protection

The registered provider had implemented systems to safeguard residents, which were underpinned by a written policy. The policy was available in the centre for staff to refer to, and it had also been prepared in an easy-to-read format to make it more accessible to residents. Staff had also completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were aware of the procedure for responding to and reporting safeguarding concerns.

Any safeguarding incidents that had been identified were suitably investigated and reported as required. Formal safeguarding plans were in place in residents folders which guided staff on how to keep the residents' safe. The inspector reviewed one residents' formal safeguarding plans and found that the actions identified had been completed.

Intimate care plans had also been prepared to support staff in delivering care to residents in a manner that respected their dignity and rights. The inspector reviewed two plans and found they identified the needs of each resident.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had adopted good practices in ensuring residents' rights were central to all aspects of care and support. Staff spoke with residents in a kind, respectful and dignified manner. All documentation was written in a person-centered format and residents had signed aspects of their care plans. As part of the residents' personal planning process a rights' awareness checklist had been completed. The inspector reviewed this document and saw that residents' rights were assessed in relation to the use of restrictive practices, access to the environment, finances, choices around diet and health and control of personal belongings.

There were weekly resident meeting and monthly advocacy meetings held with the residents within the centre. This ensured that residents were involved in day-to-day decision making such as menu planning and and activity planning. Safeguarding was also discussed at these meetings.

There were easy read documentation available to residents. The inspector saw easy reads in place around money management and the residents' right to spend how they so wished, how to stay and feel safe, restrictive practices and the role of the MDT team. This ensured residents were informed of their rights around these aspects of care and support.

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	Substantially 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	Not 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 St. Anne's Residential Services Group P OSV-0005564

Inspection ID: MON-0047196

Date of inspection: 08/09/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: While awaiting recruitment to fill current vacancies 2 x 30hpw agency staff have commenced working in Nuestra Casa. HCA adverts live and shortlisting has commenced for interview.	
Regulation 16: Training and staff development	Substantially 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 clearly evident. Further dates for Dysphagia training have been added for 2025 and all staff requiring refreshers have been booked in on this date.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

The Provider will ensure all unannounced Provider Audits are carried out at least 6 monthly in future to ensure standards are maintained and regulations are complied with. All plans will be actioned in a timely manner.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Provider has reviewed the Supported Individual's ensuite and although extensive works have been completed, there is more required to ensure the area is maintained damp free. This entails a cleaning schedule. These works have been approved by the Supported Individual following a conversation with PIC.

Areas of flooring throughout the Designated Centre requiring refurbishment have also been reviewed by Service manager and Maintenance manager. Approval has been given to address same by repair or replacement as assessed by contractor.

The Provider has committed to addressing the highlighted areas by the end of Q4.

Regarding the Annex and it's functionality, the Multi-disciplinary Team will meet to discuss at the Supported Individual's Annual MDT meeting in 2026. This apartment has addressed safeguarding issues in the centre and will be further reviewed to address the needs of the Supported Individual.
The works were reviewed by service manager and maintenance manager. A contractor has been engaged to commence works on assessment of a fit out of a wet room.

A quotation required to be submitted with the Housing Adaption Grant is being completed to allow the application to reconfigure the Annex ensuite to be sent to the county council. The service will commence the works while this is being processed.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2025
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	31/10/2025
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	31/03/2026

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
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.	Not Compliant	Orange	31/03/2026
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and	Substantially Compliant	Yellow	31/10/2025

	quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			