



# 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 R
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	18 March 2026
Centre ID:	OSV-0005643
Fieldwork ID:	MON-0043800

## About the designated centre

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

St. Anne's Residential Services Group R is a designated centre that provides community residential services to three adults with a disability. The centre is located on the outskirts of a town in Co. Tipperary. The centre is a detached two-storey house which comprises five individual resident bedrooms, entrance hall, a sitting room, a kitchen/dining room, a utility room, a main bathroom and a staff office/bedroom. Staff support is provided by a clinical nurse manager and care staff.

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

Number of residents on the date of inspection:	3
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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 18 March 2026	09:00hrs to 17:00hrs	Sarah Barry	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection which was carried out as part of the regulatory monitoring of the centre. It took place over one day and was carried out by one inspector. Using observations, engagement with residents and staff and reviewing records pertaining to the care and support provided in this centre, the inspector found that residents were being provided with person centred care. Improvements were however, required under Regulation 15: Staffing and Regulation 17: Premises.

The designated centre comprised of a large two storey house, located in the outskirts of a town in Co. Tipperary. The house comprised of five bedrooms (all which were en-suite), a kitchen/dining area, a sitting room, two staff offices, a bathroom and a utility room. There was a garden to the rear of the house. The centre was close to local amenities and services including shops and restaurants.

The inspection was facilitated by three members of the centre's staff team. On arrival to the centre, the inspector was greeted by a member of staff. At the time of this inspection, the centre was home to three residents. All three residents were busy getting ready for their days and all left the centre later in the morning to attend their respective day services.

Overall, the centre was well-maintained, clean and homely. Improvements were required in one of the resident's en-suites and there were outstanding recommendations from an occupational therapist for one resident's bedroom, in order to make the bedroom more accessible, in line with their disability. This will be discussed under Regulation 17: Premises. Two residents clearly enjoyed spending time in the kitchen/dining room with staff and one resident preferred relaxing while listening to music in the sitting room.

Residents' bedrooms were decorated to reflect the residents' interests and contained their personal items. One resident's bedroom contained accessible equipment to facilitate them to control their music player themselves. This was very important to the resident, as it allowed them independence when engaging with this interest, which they had a passion for.

The inspector had the opportunity to meet all three residents in the morning and in the evening, on their return to the centre. Residents in the centre communicated in their own styles. All three residents indicated that they did not want to engage with the inspector and this was respected. The inspector was unable to receive verbal feedback from them about their lives in the centre and the care and support they received.

Over the course of the inspection, the inspector observed staff supporting the residents in a professional, person-centred and caring manner at all times. Residents appeared to be relaxed and happy in the company of staff. There was a very

relaxed, homely atmosphere in the centre. The inspector spoke with three staff over the course of the inspection. All staff had worked with the residents for a long time and were very knowledgeable of the residents' needs and the supports in place to meet those needs.

All residents were currently attending day services on full time basis. One resident expressed that they wished to reduce the days they attended day service as they prepared to for their retirement. At the time of the inspection, this had yet to be facilitated by the provider due to the staffing arrangements in the centre. Staffing arrangements were also impacting on the residents' ability to engage in undertakings of their choice during the evenings and at weekends. This will be discussed further under Regulation 15: Staffing.

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

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Improvements were required to the staffing arrangements in the centre to ensure residents' needs were being met.

Comprehensive systems were established to regularly record and monitor staff training, ensuring its effectiveness. Staff had received additional training to meet the needs of the people using the service.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge had good oversight of the service and ensured that the staff team provided person-centred care.

## Regulation 15: Staffing

The inspector found that the centre did not had sufficient staff to meet the assessed needs of the residents. The inspector reviewed daily notes for two residents for the months of March and February 2026. This demonstrated that at the weekends,

residents were not engaging in activities outside their home, other than going for drives.

A review of the rosters for January 2026 showed that for the majority of time at the weekends, two staff worked in the centre each day. As one resident had an assessed need of two staff supporting them in the community, this meant that staffing levels in place at weekends were not sufficient to support residents to access activities outside of their home. These staffing levels were also in place in the evening time, when residents returned from day service, further limiting residents' opportunities to engage in meaningful activities outside of their home.

In addition, one resident had identified in June 2025 that they no longer wished to attend their day service on a full time basis and would like to begin a phased retirement. Staff advised the inspector that the resident became very tired some days in day service. However, at the time of the inspection, there was no staffing allocation in the centre to allow the resident to do this. A member of the provider's management team informed the inspector that the funding had very recently been approved for the additional staff and they this would soon be included on the roster to facilitate the resident's wishes regarding their daily life.

There was a staffing vacancy of one whole time equivalent (WTE) in the staff team. This gap in the roster was being covered by the staff team and a small amount of regular relief staff, which was minimising the impact on residents.

Judgment: Not compliant

## Regulation 16: Training and staff development

The provider and person in charge had effective systems in place to record and monitor staff training. Staff had completed training in a number of mandatory areas, which were identified in their policy. These included the following:

- Safeguarding of vulnerable adults
- Medication management
- Occupational first aid
- Feeding, Eating, Drinking and Swallowing (FEDS) and Communication
- Epilepsy awareness
- AMRIC outbreak prevention and management
- Children First

In order to better meet the assessed needs of residents in the centre the provider had arranged for staff to participate in more specific training. The inspector found that staff had also completed the following additional training to meet the needs of the people using the service. These included:

- Human rights training
- Dysphagia diet
- Assisted Decision –Making (Capacity) Act 2015: Guiding Principles
- Autism awareness
- Heartsaver CPR AED

The person in charge was completing supervision with staff working in the centre. Staff spoken with felt supported in their roles by the person in charge and discussed how they had a supervision meeting recently. A planned supervision schedule was available in the centre. The inspector did not review the supervision records on this inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there was management systems in place to ensure that the service provided was safe, appropriate to residents' needs and was consistently and effectively monitored. There was a full time person in charge appointed to the centre. The person in charge had responsibility for another designated centre and there were arrangements in place for this.

Staff spoken with felt supported in their roles by the person in charge. Staff spoke about the person in charge advocating for residents. There was a clear commitment from the provider, person in charge and staff to continual quality improvement. There was a number of audits taking place in the centre, including unannounced six monthly audits, medication management audit and a health and safety audit.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The staff team were very knowledgeable about the support needs of the residents and the staff spoken with during the inspection had worked with the residents for a long time. Residents had access to a vehicle to access the community.

There was an annual provider review of the quality and safety of care and support in the centre. Residents and their representatives had been consulted with in the completion of this annual review. The annual review had identified that additional staff were required to support residents' needs in the centre. However, at the time

of this inspection, these staff were not in place. This was discussed under Regulation 15: Staffing, above.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of the service for the people who accessed services in the designated centre. The people who used the service enjoyed a safe and quality service in this centre. However, improvements were required under Regulation 17: Premises.

Alterations, as recommended by a relevant health and social care professional, had not been carried out in one resident's bedroom.

Restrictive practices, which were in place in the centre, were regularly monitored and submitted to the Chief Inspector of Social Services, in line with legislation. There were effective arrangements in place to provide positive behaviour support to people with assessed needs in this area.

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

The provider had ensured that all fire equipment and building services were provided and maintained in line with the associated standard and by competent service personnel. Fire safety checks took place regularly and were recorded.

The provider had ensured that the person in charge and staff were vigilant in knowing and reporting the signs of possible abuse. Staff spoken with were very knowledgeable about safeguarding procedures.

This inspection found that all residents were in receipt of person-centred care, and were supported to live healthy lives. For instance, the registered provider had provided appropriate healthcare for each resident.

## Regulation 10: Communication

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

Staff spoken with were very knowledgeable regarding how residents communicated and this was evident in observing staff interacting with residents. As mentioned

above, residents in this centre communicated in their own unique ways. Staff spoken with during the inspection had worked with the residents for a long time and had clearly built up good relationships with the residents.

There was guidance in place to support staff to communicate with residents which had been completed by a relevant health and social care professional. The inspector reviewed the communication passports in place for two residents. These contained information on how the residents communicate including a list of object cues and the residents' favourite interests.

Judgment: Compliant

### Regulation 17: Premises

While the designated centre was found to be overall clean, warm and welcoming on the day of the inspection, alterations required to make the centre accessible to all residents had not been carried out. An occupational therapy (enabling environment) report had been completed in April 2025 by a relevant health and social care professional in relation to one resident's bedroom. This report had identified 10 recommended changes to the bedroom to support the resident with their disability. On the day of the inspection, none of these recommendations were in place.

The recommendations ranged from purchasing a rug for the floor, to painting the room a more suitable colour to replacing the existing bed with a custom-built bed. There was evidence of the person in charge escalating and discussing these recommendations. However, on the day of the inspection, the provider had not implemented any of their recommendations.

In addition, improvements were required in a resident's en-suite bathroom. There was rust on an accessibility device which could not be cleaned effectively and the shower doors required replacing as they could also not be cleaned effectively in their current state of repair.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. Portable firefighting equipment was strategically located throughout the centre to cover the risk of fire.

Residents had personal emergency evacuation plans in place, documenting the supports residents required in the event of an emergency evacuation of the centre. All of the plans had been reviewed in August 2025. Staff spoken with described the

process in place to assist each resident to evacuate from the centre, both during the day and at night.

Fire drills were taking place in the centre, with both day and night time staffing levels. The inspector spoke with a staff member who had been involved in a recent fire drill. They described that steps they had taken to evacuate the residents and the process to follow should the fire alarm sound.

Fire safety equipment in the centre included fire extinguishers, emergency lighting, fire doors and fire alarm system. This equipment had been serviced by competent fire personnel, for example the emergency lighting and fire detection and alarm system had been serviced in January 2026. Staff were conducting checks to ensure that effective fire safety systems were maintained in the centre. For example, staff completed daily checks on the exit routes and fire alarm panel.

Judgment: Compliant

## Regulation 6: Health care

The registered provider had provided adequate healthcare for each resident. The person in charge had ensured that all residents had access to health and social care professionals as required.

The inspector reviewed the healthcare plans for two residents and found that their healthcare needs had been identified and that they had good access to a range of health and social care professionals. This included speech and language therapists, General Practitioners (GPs), psychiatry, dentists, orthotists and dieticians.

Where residents had an identified healthcare need, there was a healthcare plan in place. These provided guidance to staff on how to support residents with their health. Staff spoken with were very knowledgeable about residents' healthcare needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

At the time of this inspection, there were a number of restrictive practices applied in the centre. The person in charge had notified all of the restrictive practices to the Chief Inspector of Social Services, as required by the regulations. Staff were aware of the restrictive practices and how they should be applied for the least duration possible. Staff spoke about how they were working with a resident to build the skills around removing a restrictive practice themselves.

All restrictive practices in the centre had been reviewed in the last 12 months by the provider's multidisciplinary team. This review included examining how often each restrictive practice is implemented.

Where residents had an identified need regarding positive behaviour support, there was a support plan in place. The inspector reviewed the positive behaviour support plan in place for one resident. This was completed by a relevant health and social care professional. It contained proactive and reactive strategies to support the resident with their needs.

Judgment: Compliant

## Regulation 8: Protection

The service had put in place safeguarding measures to promote and protect people who use the service and their health and wellbeing, as well as empowering people to protect themselves. There were no active safeguarding concerns at the time of this inspection.

There were risk assessments in place for previous safeguarding concerns that had arisen in the centre. These contained control measures which staff were very familiar with and which, at the time of the inspection, were working effectively to keep residents safe.

The inspector reviewed a support plan in place to support a resident with their intimate care needs. This contained guidance for staff to protect the resident's dignity and privacy.

Staff spoken with had a good knowledge of safeguarding procedures and requirements. All staff had completed training in safeguarding vulnerable adults.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St. Anne's Residential Services Group R OSV-0005643

Inspection ID: MON-0043800

Date of inspection: 18/03/2026

## 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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:  The PIC will review the staffing support needed for one resident accessing the community. The PIC will review the roster and allocate sufficient staff for evenings and weekends to meet the assessed needs of residents. The PIC will review activity timetables and records within the designated Centre monthly to ensure residents are engaging in meaningful activities outside of their home. Funding for retirement of a resident from day service has been approved and staffing will be allocated. While awaiting recruitment to fill funded hours for one resident's retirement, the gap in the roster is covered by the existing staff team to allow the resident semi-retire. A staffing vacancy in the staff team is being covered by the existing staff team and a small amount of regular relief staff, which is minimising the impact on residents. The Service Manager and PPIM will continue ongoing work with the provider's Director of HR and recruitment team in the management and filling of staff vacancies.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:  An occupational therapy (enabling environment) report completed in April 2025 had been reviewed by the PIC and actions escalated to the PPIM and service manager. The recommendations in the Occupational Therapy report identified the need for fixed custom-built furniture. The PIC at the time of inspection had liaised with a contractor to determine if furniture can be made removeable and transferred to another designated centre if required. Since the inspection the person in charge has further engaged the contractor to complete all recommendations from the OT report in relation to custom built furniture. It is identified that any changes to the resident's environment must all be implemented as a complete refurbishment and not in stages to meet the residents' needs in relation to his diagnosis and ensure this change is a success. Improvements will be scheduled for the removal of rust on an accessibility device in one resident's en-suite to ensure and comply with effective cleaning. New shower doors will be ordered and installed in the same residents en-suite.	

## 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.	Not Compliant	Orange	30/05/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/05/2026
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly	Not Compliant	Orange	30/08/2026

	reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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