



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 U
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	30 September 2025
Centre ID:	OSV-0007882
Fieldwork ID:	MON-0048174

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 U is a designated centre operated by the Avista CLG. The centre provides a community residential service to a maximum of eight adults with a disability. The centre is located in an urban area in Co. Tipperary close to local amenities such as pubs, hotels, cafes, shops and banks. The centre comprises of two detached four bedroom bungalows which are a short distance from another. Each house consists of an open planned kitchen/dining room/sitting room, small sitting room, four resident bedrooms, a staff sleep over room and a shared bathroom. The staff team consists of social care workers, care assistants and a community nurse. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Tuesday 30 September 2025	09:00hrs to 18:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This inspection was unannounced and carried out with a specific focus on safeguarding, to ensure residents felt safe in the centre they were living in and they were empowered to make decisions on their care and how they wished to spend their time.

Overall, the inspection found full levels of compliance across the regulations reviewed, it was evident that residents were in receipt of good care and support in the centre.

This centre comprises of two single story properties located a short distance from each other. The centre was home to eight residents, four living in each property. The most recent admission to the centre was August 2024.

On arrival to the first property, the inspector was welcomed by the social care worker and was introduced to three of the residents who were up and being supported to have breakfast. One resident was seen to finish their breakfast, take their bowl to the sink and place their clothing protector out to the washing basket, they continued down the hall to their bedroom where they relaxed.

The social care worker on duty gave the inspector a tour of the property when they had finished supporting residents. The property was for the most part well maintained and each bedroom was seen to be individually decorated in line with the residents' preferences and wishes. One resident showed the inspector their fish that they had in a nicely decorated tank, the inspector could see a checklist on the wall to record and monitor the cleaning of the tank.

The property had six bedrooms, one was assigned as a sleepover room and one as an office. The residents had access to a large open plan kitchen, living , dining area as their communal space. This area had a choice of chairs and sofas ensuring each resident had a suitable place to sit and relax. One resident liked her chair to be in a particular direction so they could see the whole room. This resident was observed to sit and watch everyone as they came and went from the communal area.

Throughout the morning a community chief visited the centre, this happened twice a week. The residents, if they wished could get involved in cooking and baking. The inspector observed homemade soup and butterfly buns being make, one resident enjoyed watching the process and another was seen to wait for the buns to cool, they sat with staff and the inspector and had a bun and a cup of tea.

In the afternoon the inspector visited the second property and met all four residents. One resident was seen to engage in their physiotherapy programme in their bedroom, they had their television on and were seen to be relaxed and did not wish to engage with the inspector. From observations of the property good efforts

were being made to make the centre homely and residents bedrooms individualised. Again residents had an open plan kitchen, living and dining area and one bedroom was assigned as a sleepover room and one as an office. This property had a new insulated storage shed in the rear garden that was used to store additional stock, this shed was seen to be organised and tidy.

Before leaving the second property the inspector sat with two residents who were just back from an outing and were eagerly seeking out what was for dinner in the kitchen, one resident was seen to have a big smile when told it was shepard's pie.

On return to the first property the television was on and residents gathered around to watch it. The inspector got to meet the remaining residents at this time. They were well dressed and were observed watching television and used their body language to communicate.

The inspection was facilitated by the person in charge of the centre. They were responsible for this centre only and held the position for four years. They were seen to be experienced and had the necessary qualifications for the position. Throughout the inspection it was clear they were knowledgeable about each of the residents, their needs and preferences. The inspector also had the opportunity to speak with seven staff members throughout the day across the two properties.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, the findings from this inspection were positive. The inspector found that there was a clearly defined management structure in place and regular management presence in the designated centre, with a full time person in charge and a social care worker. The provider had established good systems to support the provision of care and support to the residents. There was evidence of regular quality assurance audits of the quality and safety of care.

There was a consistent staff team in place and while some positions were vacant the provider was engaging in recruitment to fill the positions. The number and skill mix of staff were appropriate to meet the needs of the residents and in line with the statement of purpose.

Regulation 15: Staffing

There was a core and consistent staff team supporting the residents in this centre.

The inspector reviewed rosters from the previous month and found them to be reflective of the staff on duty. The provider was currently recruiting for a social care worker and a 20 hour care assistant position. Any gaps as a result of these vacancies were filled by either core staff taking on additional shifts or on occasions relief and agency have been utilised. One full time nurse had recently joined the team and worked across the two properties. They supported the person in charge and took a lead role in the oversight of residents' medical well being. They supported with appointments and implementation of recommendations from these appointments.

The inspector reviewed the last six months of team meetings. The centre had a team meeting per month, a schedule was in place in the office and planned for the year ahead. Minutes from each meeting were printed and available for staff to review and sign. Topics discussed included incidents, safeguarding, complaints, maintenance, staff training and an update on all residents, their health and well being and their goal progression.

Staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

From review of the training records for the staff team, it was seen that all staff were provided with appropriate training in respect of safeguarding and human rights based approach.

Due to the training provided the staff had the necessary skills to respond to the needs of residents and to promote their safety and well being. For example, staff had undertaken training sessions which included, safeguarding vulnerable adults, children's first, assisted decision making (ADM) and human rights. Staff also had access to other specific needs training such as, epilepsy, behaviour management and safe administration of medication.

From speaking with staff members they were aware of their role and responsibilities in relation to safeguarding residents, they reported they would be confident in reporting concerns and knew who to speak with. Staff also spoke positively about the human rights training and how this has changed their perspective on supporting people, they quoted the phrase 'nothing for me without me' and said this is something that has stuck with them from the training.

The person in charge was ensuring all staff received supervision in line with the provider's policy of twice per year. They had a schedule in place with planned supervisions and they were marked as completed. From review of supervision minutes detailed discussions were held on topics such as safeguarding, incidents,

restrictive practices, team work and professional conduct. At the end of the meeting goals and actions were set out and agreed with signatures from the staff and the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found good systems in place to monitor the quality of care provided to residents. There was a defined management structure, and a stable staff team lead by a suitable person in charge. The person in charge reported to Clinical nurse manager (CNM3) and were supported in their role by one social care worker, the second social care worker position was currently being advertised. There was additional support available from a staff nurse who was assigned to the centre for support and oversight purposes.

The person in charge held a qualification in nursing and management. They were found to have good organisational skills and very knowledgeable of the residents living in the centre. The residents were observed to be relaxed and seeking interaction from the person in charge when they arrived in the centre. The inspector spoke with members of the staff team who reported they can always go to the person in charge to discuss or report any concerns. They expressed how the person in charge is regularly in the centre and is always available by phone during working hours. Team members were also aware of the senior cover system that was in place for support during out of hours. The availability of the person in charge and the staff awareness of the lines of authority provided assurance that reporting was welcomed.

The provider's last two unannounced six-monthly reviews were completed in December 2024 and June 2025 in line with the time frame identified in the regulations, the provider had also completed the annual service review in September 2025. All audits were found to be completed to a high standard and identified areas of good practice and areas for improvement. The annual review also included feedback from residents and their representatives who indicated high levels of satisfactions and identified they were very happy with the care and support their family member was receiving.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents, were of a good standard. The inspector observed that residents had opportunities to take part in activities and to be involved in their local community. Residents were actively making decisions about how they wished to spend their time, and were supported in developing and maintaining connections with their family and friends.

The management and staff team were striving to provide person centred care to the residents in the centre. This meant that residents were encouraged to express their views in line with their assessed needs, were supported to make decisions about their care and that the staff team listened to them.

Safeguarding concerns were being identified, reported to the relevant authorities and managed well within the centre.

Regulation 10: Communication

Residents were supported to communicate their needs and wishes.

All residents had communication passports on file, these were developed in consultation with speech and language therapist. From review of a sample of communication passports it was evident that they were personalised to the individual and identified the residents likes, dislikes, social communication and an outline of their typical day and how they present with specific feelings. For the most part residents in the centre communicated through body language, gestures, facial expressions and some sounds. For example, one communication passport identified that one resident will lie on the rug in their room if they are feeling tired.

Staff were observed responding to residents communication attempts with ease. Residents were seen to approach staff and physically bring them to where they want to go. For example, one resident entered the kitchen bringing a staff to the kettle to indicate they wanted a cup of tea.

The provider and local management were striving to communication with residents in line with their assessed needs. Each resident was supported to have an easy-to-read folder in their bedroom, this folder contained adapted documents on restrictive practice policy, statement of purpose, contract of care and my medications, making them more accessible to the residents.

Judgment: Compliant

Regulation 17: Premises

Both properties were laid out to meet the assessed needs of the residents and generally kept in a good state of repair. They were well ventilated throughout, with the provision of adequate lighting and heating so as to ensure a comfortable and safe living environment for the residents.

Each resident had their own bedroom which were decorated to their individual style and preference. Their rooms provided a safe and private space for them to relax in and spend time by themselves. All residents used the main bathroom in the both properties and the provider had been successful in grant funding to upgrade the specialised bath in one property.

Residents were seen to use the communal spaces with ease, they knew where everyone liked to sit and respected residents' individualised equipment such as a leisure chair.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to identify, manage and review risks in the centre with a focus on residents safety. The inspector reviewed all centre risk assessments and a sample of four residents risk assessments. From review of the documentation and discussion with the person in charge it was clear that they had good oversight of the current risks within the centre.

Risk assessments were actively being reviewed and monitored. For example, after a manual handling incident resulting in one resident receiving an injury the risk assessment and resident's support plan were both updated to reflect best practice and resident's individual preferences to mitigate the risk.

All risks had been identified with appropriate control measures in place, the centre had a total of 64 risk assessments in place, 12 were medium level risk and 52 were low level, there was no high risks present in the centre at the time of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

As mentioned previously the centre had one new admission in August 2024 the assessment of need for this residents was reviewed.

The centre had completed a detailed assessment of need prior to the resident being admitted. The assessment was completed with involvement from several clinical specialists such as occupational therapists and speech and language therapists. The

assessment covered areas including health, mobility, feeding, eating, drinking, swallowing and conditions for success in relation to the transition.

The clinicians involved in the resident's care were seen to complete follow up reviews with the resident post transition to the centre to ensure they were receiving care in line with their recommendations. Minor adaptations were made as a result of these reviews and the resident was seen to be comfortable and settled in the centre on the day of inspection.

All residents had their specific care needs identified and these needs were supported by a detailed and person centered care plan to guide staff on how to meet the identified need. Examples of care plans included, epilepsy, mobilising, diabetes, feeding eating drinking and swallowing.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall the provider had robust systems in place for the management of behaviours of concern and oversight of restrictive practices. The person in charge identified that all staff were appropriately trained to manage behaviours of concern. From review of the training records, as mentioned above, all staff were trained in de-escalation techniques and management of behaviour.

The behaviour clinical nurse specialist (CNS) worked in conjunction with the person in charge and staff team to develop an individualised behaviour support plans. From review of these plans, they included identification of the behaviours of concerns and detailed proactive and reactive strategies to help reduce or mitigate the behaviour. One residents behaviour support plan included green, amber and red stages with behaviours and clear direction on the management of each behaviour listed for each stage.

There was a number of restrictive practices in the centre, these restrictions were seen to be reviewed every three months within the centre and annually at multi-disciplinary meetings. There was evidence of two restoration of rights plans in place for the successful removal of two restrictions within the centre in recent months. The person in charge was also seen to complete the self-assessment questionnaire on restrictive practices earlier this year.

Judgment: Compliant

Regulation 8: Protection

The inspection found that, safeguarding concerns were being identified, reported to the relevant authorities and managed with appropriate control measures in place within the centre.

A complaint had been submitted to the centre earlier this year, due to the nature of the complaint the person in charge identified it as a safeguarding concern and followed the provider's policy and reported it to the Chief Inspector of Social Services and other relevant authorities. The control measures identified at the time were seen to be highlighted in the resident's personal plan, risk assessments and specific support plans.

All staff, had received training in safeguarding vulnerable adults and were aware of the various types of abuse, the signs of abuse and their role in reporting and responding to concerns. All residents were kept informed about their right to raise a concern, complaints process and access to advocacy through visual documentation displayed in the centre.

Each resident had a detailed intimate care plan in place. These plans guided staff in the areas the resident required support and their preferences around these supports.

Judgment: Compliant

Regulation 9: Residents' rights

From review of documentation, discussion with staff members on duty on the day of the inspection and the person in charge and from the inspectors observations, residents were supported to exercise their rights. Residents were provided with relevant information in a manner that was accessible to them.

All of the residents were observed to be comfortable in the presence of staff and the staff were observed to be person centred in their approach to residents. From review of documentation, the use of professional and respectful language was used throughout residents assessments and plans.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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