



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 W
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	22 January 2026
Centre ID:	OSV-0008537
Fieldwork ID:	MON-0040686

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 W is a designated centre operated by Avista CLG. It provides a community residential service to a maximum of four adults with a disability. The centre is a detached bungalow which consists of a kitchen/dining room, sitting room, living room, a separate living area and kitchenette, four resident bedrooms (two of which were en-suite), office and a shared bathroom. There is a large garden to the rear of the centre. The centre is located on the outskirts of a town in Co. Tipperary and is close to local amenities. The staff team consists of a Clinical Nurse Manager 1 and care assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 22 January 2026	09:50hrs to 18:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform a decision regarding the renewal of registration. This inspection was carried out by one inspector over one day.

The inspector had the opportunity to meet the four residents over the course of this inspection. In addition, the inspector spoke with the person in charge, clinical nurse manager and three staff members.

On arrival, the inspector was welcomed by the person in charge, clinical nurse manager and staff. The inspector was informed that one of the residents was at work for the morning. The other three residents were attending day services. One of the residents attended an external day service while the other two residents were supported from the designated centre by day service staff.

As noted the designated centre is a detached bungalow which consists of a kitchen/dining room, sitting room, a living room with sensory equipment, a separate living area and kitchenette, four resident bedrooms (two of which were en-suite), office and a shared bathroom. There is a large garden to the rear of the centre. The inspector carried out a walk through of the premises accompanied by the person in charge. Overall, the house was well maintained and presented in a homely manner. Residents' bedrooms were decorated in line with residents preferences. However, some aspects of the premises required attention. For example, the laminate on a number of kitchen presses was peeling and presented as an infection prevention and control risk. Rust was observed on one radiator in a residents en-suite. The inspector also observed small areas of paint and plaster which required attention. This had been self-identified by the person in charge. In addition, some aspects of the centre were decorated in a clinical manner and required further review. For example, a resident's en-suite was decorated with white glossy panels and grey flooring was in place in the hallway and one resident's bedroom.

Later in the morning, one resident returned from work. They met with the inspector in the kitchen and noted that they liked work and liked to spend the money made on coffee. The resident then left the centre with their day service to access the community for the afternoon.

In the afternoon, three residents returned from day services and appeared content and comfortable in their home. One resident was observed to spend time in the separate living area which had sensory equipment. Another resident was observed walking through their home and spending time at the kitchen table. The third resident spend time between their bedroom and the open plan kitchen dining area.

Later in the afternoon, the fourth resident returned from the external day service. They showed the inspector their room and spoke of their interests in music. The resident said that they liked living in the centre.

The inspector reviewed four questionnaires completed by the resident, some with the support of staff. The residents' questionnaires had positive feedback on many aspects of service in the centre such as activities, bedrooms, meals and the staff team.

Overall, the inspector found that the residents were receiving a quality person centred service. The residents appeared content and comfortable in their homes. The inspector observed the staff team supporting the residents in an appropriate and caring manner. However, some improvement was required in medication management and in aspects of the premises.

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

Capacity and capability

Overall, the inspector found that there were management systems in place to ensure the provision of a good standard of care to the residents. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of quality assurance audits taking place including the annual review for 2024 and the six-monthly provider visits to ensure the service quality was effectively monitored. In addition, a local audits was in place to review areas including care plans, health and safety and medication management.

On the day of the inspection, the inspector observed that there was an appropriate number of staff to support the residents' assessed needs. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. There were systems in place for staff training and development which ensured that the staff team had up to date skills and knowledge to meet the residents' identified needs.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was supported in their role by an experienced staff member and demonstrated a good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents. The person in charge maintained a planned and actual roster. From a review of the roster for December 2025 and January 2026, there was an established staff team in place. At the time of the inspection the centre was operating with one vacancy which was managed by the staff team and regular relief and agency staff. This ensured continuity of care and support provided to residents. The inspector was informed that the provider was actively recruiting to fill the vacancy.

The four residents were supported by two staff in the morning, three staff in the afternoon and two staff in the evening. At night the four residents were supported by one waking night staff. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team had up-to-date training in areas including fire safety, safe administration of medication, safeguarding, manual handling and de-escalation and intervention techniques. There was evidence that refresher training had been identified and scheduled as required.

There was a supervision system in place and all staff engaged in formal supervision. From a review of records, it was evident that the staff team were provided with supervision in line with the provider's policy.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was appropriate insurance in place in the centre. This policy ensured that the injury to residents, building, contents and property was insured.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to a Residential Services Manager. The person in charge was also responsible for two other designated centres operated by the provider and had appropriate supports in place to provide effective oversight and governance of the service. As noted the person in charge was supported in their role by a clinical nurse manager.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents needs. The quality assurance audits included the annual review 2024 and six-monthly provider visits. The annual review demonstrated consultation with the residents as required by the regulations. The audits identified areas for improvement and action plans were developed in response. For example, a recent care plan audits identified a number of aspects of the care plans to be updated or reviewed in line with the provider's processes. It was in the process of being addressed on the day of the inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse accidents and incidents occurring in the centre in the period January 2025 to January 2026. It was evident that incidents and accidents were recorded, reviewed and responded to. In addition, the person in charge completed a quarterly review of incidents and accidents to identify possible trends. The inspector found that the Office of the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service was providing person centred care and support to the residents in a homely environment which ensured that each resident was supported to enjoy a good quality of life. However, some improvement was required in medication management and premises.

The inspector reviewed the four residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs.

There were appropriate systems in place to keep the residents safe. For example, safeguarding plans were in place for identified safeguarding risks. In addition, a review incidents and accidents demonstrated that the were appropriately managed and responded to.

Regulation 12: Personal possessions

There were appropriate systems in place for the safeguarding and oversight of residents' finances. Money management assessments were completed for all residents. Each resident had their own bank account and were supported in managing their finances.

There was a clear systems in place for the management of day-to-day spending which included ledgers, daily finance checks and storage of receipts. The inspector checked the balance of two residents wallets and found that they matched the daily check. The provider had appropriate arrangements in place to provide oversight and safeguard the residents' finances including monthly reconciliation of income and expenditure against financial statements. This meant that the provider could demonstrate how they were assured that all resident monies and savings were appropriately accounted for.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and laid out to meet the needs of residents. The designated centre is a detached bungalow which consists of a kitchen/dining room, sitting room, a living room with sensory equipment, a separate living area and kitchenette, four resident bedrooms (two of which were en-suite), office and a shared bathroom. There is a large garden to the rear of the centre.

The inspector found that overall, the house was well maintained and presented in a homely manner. However, some aspects of the premises required attention including:

- peeling laminate on a number of kitchen presses
- rust was observed on one radiator in a residents en-suite.
- small areas of paint and damaged plaster.

In addition, some aspects of the centre were decorated in a clinical manner and required further review. For example, a resident's en-suite was decorated with white glossy panels and grey marmoleum flooring was in place in the hallway and one resident's bedroom.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a residents guide which contained all of the information as required by Regulation 20 including a summary of the services and facilities, the terms and conditions, the arrangements for consultation with residents, how to access inspection reports, the complaints procedure and the arrangements for visits.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the ordering, receipt, storage and administration of medications. The inspector reviewed medication practices and found that there were appropriate systems in place for the ordering and safe storage of medication. The inspector also observed appropriate practices around controlled medication including suitable storage and evidence of daily counts by two staff.

The inspector reviewed the medication records and found that for the sample reviewed that medication was administered as prescribed. The inspector reviewed a sample of residents medication and found that it was readily available and was in-date. However, one as required medication which had been opened was past its expiry date and required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of needs in place which identified the resident's health, social and personal needs. The assessment informed the residents' personal plans. The inspector reviewed the two residents' personal files and found that they appropriately guided the staff team in supporting the residents with their identified needs, supports and goals. For example, the plans outlined supports in place for residents to develop skills.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and behaviour support guidelines were in place which appropriately guided the staff team in supporting the residents as needed. The residents were facilitated to access appropriate health and social care professionals including psychiatry, psychology and behavioural therapists as needed.

The provider had systems in place to review and manage restrictive practices. There were some restrictive practice in use in the designated centre including a number of locked kitchen presses, lock on front gate, and an audio visual monitor,. From the

sample of restrictive practices reviewed by the inspector, these had been reviewed by the provider's restrictive practices committee within the last year.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had systems to keep the residents in the centre safe. There was evidence that incidents were appropriately managed and responded to. Staff were found to be knowledgeable in relation to keeping the residents safe and reporting allegations of abuse. All staff had received training in safeguarding vulnerable adults. The residents were observed to appear relaxed and content in their home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Anne's Residential Services Group W OSV-0008537

Inspection ID: MON-0040686

Date of inspection: 22/01/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will schedule the following maintenance upgrades: <ul style="list-style-type: none">• Peeling laminate on several kitchen presses will be repaired.• Radiator in a resident's en-suite will be painted.• Small areas of paint and damaged plaster in the designated centre will be painted and repaired. The registered provider will review decoration of the designated centre.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: One medication which has been opened and was past its expiry date has been returned to pharmacy. New PRN stock obtained from pharmacy. Incident report form is completed and will be discussed at next staff team meeting. Medication risk assessment has been updated by CNM2/PIC. Staff team have been informed to follow storage instructions for all medication. The date medication opened for administration will be documented on the medication and the date to be returned to pharmacy as per storage instructions to be documented on the medication.	

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 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.	Substantially Compliant	Yellow	30/05/2026
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/05/2026
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of	Substantially Compliant	Yellow	28/02/2026

	date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
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