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 Vincent's Residential Services Group E
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	03 June 2026
Centre ID:	OSV-0003928
Fieldwork ID:	MON-0042133

About the designated centre

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

The designated centre is a single storey house located on a campus setting adjacent to a small town and a short drive from a large city. The house had two sitting rooms, a kitchen, five single occupancy bedrooms, wheelchair accessible sanitary facilities, laundry facilities, office and storage facilities. There was a garden to the rear of the property and day services were also facilitated within the campus. There was also, a self–contained apartment supporting one resident who had their own tea room, sitting room and bedroom with secure garden area to the rear. Adult residents resided in the house full-time. The service provided was a medical model of care and the staff team comprised of nurses, care assistants and household staff which supported residents by day and night.

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
Wednesday 3 June 2026	09:45hrs to 16:45hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the providers' application to renew the registration of the centre. The inspector used observations, conversations with staff working in the centre, interactions with residents, and a review of documentation to form judgments on the quality and safety of the care and support provided to the residents living in this designated centre.

Overall, the inspector found that the centre was operating at a good level of compliance. The centre was homely and well-resourced and provided high-quality care and support. The centre was last inspected in February 2025, where the provider also demonstrated a high level of compliance with the regulations.

On arrival to the designated centre, the inspector was greeted by the person in charge and a resident. They both facilitated a walk around of the premises. The resident showed the inspector their bedroom and important items such as, pictures and their chair which they enjoy to sit and relax in. The centre was seen to be well maintained, well furnished and clean throughout. Residents had access to two sitting rooms, a kitchen and dining area. A seating area was also in place in the rear garden, the inspector was informed that residents enjoyed this area in times of good weather. The provider had planned works for a full refurbishment of one of the bathrooms in the centre, this would be completed in the coming weeks after the inspection.

During the walk around of the centre the inspector was introduced to three other residents, along with members of staff that were on duty that day. Residents were observed to be relaxed and very content in their home. Staff also supported residents to tell the inspector about their plans for the day. Residents had access to a day service located close by on the campus, which the designated centre was located on.

The inspector spoke to staff, the person in charge and the person participating in management of the centre. They also had the opportunity to meet the Service Manager during the course of the inspection day. During these conversations it was clear that everyone involved in oversight and management of the service, along with staff members providing support to the residents where very knowledgeable of the assessed needs of the residents living here. Residents were being supported in a person-centered manner and consultation with residents was also very important in this centre. For example, the inspector met one resident who was attending a hair appointment that day. The resident was supported to make an informed choice regarding their preferred hairdressing service. Following positive feedback from a peer who had recently attended a new hairdresser, the resident was consulted about the option of trying this service. The resident expressed an interest in

experiencing the new hairdresser and chose to attend. Staff supported the residents to access the service in line with their preferences and personal choice.

During the course of the inspection, the inspector was introduced to another resident living in the centre. The resident had their own self-contained apartment which was attached to the designated centre. The resident invited the inspector into their home at a time that suited them. They were supported by one staff member during this time. The resident spoke to the inspector about the television programme they were watching and their plans for the day. The staff supporting the resident was observed to be familiar with the residents' needs and preferences, and responded to requests made by the resident.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. These were given to the inspector on the day of inspection. The inspector received five forms. The feedback in general was very positive and indicated a high level of satisfaction with the service provided. This included the staff, activities and food in their home. Residents were supported to comment that they enjoyed going out for meals and having family and friends visit them in their home.

In summary, the inspector found that the centre was well resourced in line with the statement of purpose. Residents were in receipt of a high quality and safe service that was delivered by a committed staff team. Residents were being supported to participate in activities and routines that suited their individual preferences.

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 effects the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspection found there was a defined management structure in place with suitable systems implemented to monitor the effectiveness of the services being delivered. This ensures that the service provided to residents was person-centered and of good quality. The inspection findings indicate a good levels of compliance across all regulations reviewed.

The residents were supported by a consistent, core staff team. All staff were in receipt of up-to-date training which enabled them to effectively complete their role and support residents in line with their specific assessed needs. The staff present on the day of the inspection were very knowledgeable around the residence specific needs, likes and dislikes.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

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 worked full time in their role. At the time of the inspection they had a remit of one other designated centre. The person in charge was suitable qualified and experienced for their role. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there. It was clear that the person in charge was involved in the running of the service and that the residents knew them. The person in charge worked closely with the staff team and was supported by the wider management team.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the provider had ensured that there were enough staff with the right skills, qualifications and experience to meet the assessed needs of the residents.

A planned and actual staffing roster was maintained as required by the regulations. The inspector reviewed a sample of the roster from the end of March to June 2025. There was a consistent staff team in place at the time of the inspection. Staff spoken with on the day were knowledgeable in the residents care and support needs. At the time of the inspection, there was one part-time vacancy and this was being filled with regular, familiar internal relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

There was a good level of compliance with mandatory and refresher training in the centre. The inspector reviewed the training records for all staff and saw that staff were up to date in training in key areas including safeguarding, fire safety and managing challenging behaviour.

Additionally, staff were up-to-date in training required by resident's specific needs. For example, all staff had received training in dysphasia to support residents with their Feeding, Eating, Drinking and Swallowing (FEDS) needs.

Staff were in receipt of regular support and supervision through regular staff meetings and individual bi-annual staff supervisions. The inspector reviewed the supervision matrix in place for the designated centre for 2025 and 2026, all staff had completed regular supervisions and had planned times identified for 2026.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The

person in charge was responsible for this designated centre and one other additional designated centre located nearby. They were supported in their role by a clinical nurse manager and the person participating in management.

The provider had also completed regular 6 monthly audits of the quality and safety of care. The inspector reviewed the most recent audit which had been completed in March 2026. The provider had identified some minor actions which were completed by the time of the inspection. In addition, the provider had completed the annual review of the service and had obtained residence and family representative views in order to ensure that the level of the service provision was adequately captured. Overall it was found the systems in place were effective in driving areas of quality improvement.

Management arrangements were in place. There were arrangements such as regular management meetings the person in charge attended, along with regular team meetings in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre and was available and reviewed in the centre. It contained the required information set out in Schedule 1 such as the registration details, support needs in the centre and staffing arrangements. This had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector’s preparation for the inspection, they reviewed the notifications submitted by the provider to the office of the Chief Inspector. On the day of the inspection the inspector also reviewed the centres incident log. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of any minor injury that had occurred within the centre on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was a designated complaints officer nominated. There were no open complaints on the day of the inspection. There was evidence that complaints received were reviewed in a timely manner. The inspector reviewed the complaints log for 2025 and 2026, one complaint had been made. This complaint was closed. It had not documented on the complaints form the satisfaction of the complainant. However, this was reviewed and completed on the day of the inspection.

Judgment: Compliant

Quality and safety

Overall, it was found that the residents were living here had a warm, clean, well-presented home. Care was provided in a person-centered manner where residents preferences, likes and dislikes were being taken into account. Residents were encouraged to relax and engage in activities of their choosing. The inspector found good level of compliance with the regulations relating to the quality and safety of the service provided for residents in this centre.

The provider had focused on ensuring the practices around medicine management and ongoing assessment of need, were in line with the requirement of the regulation, and were effective and safe. Residents had ongoing support with their assessed health care needs. Residents had access to their general practitioner (GP) as required and were supported to attend any other consultant appointments as per their assessed needs.

Regulation 13: General welfare and development

As mentioned previously in the report, residents were afforded good opportunities to complete a range of activities in their home, local community and to maintain family and friendship relationships.

On the day of the inspection, the inspector observed that all residents were supported in getting ready for their day ahead with planned activities. The inspector spoke to staff members who informed the inspector that residents are provided with choices regarding their daily and weekly plans, and these are respected at all times. Residents were seen to be supported to go to a trip for a local town, while a

resident enjoyed their hair appointment, others went for a walk in a park and some residents also enjoyed lunch out. Residents also had access to a day service.

On discussion with the person in charge and person participating in management and from the sample of residents personal plans and daily notes reviewed, it was found that residents had a good quality of life. Residents had gone on day trips, holidays, using local services such as hairdressers and beauticians, and enjoyed local walks and parks.

Judgment: Compliant

Regulation 17: Premises

The premises was a bungalow located on a campus on the outskirts of a city. The initial impression of the premises was that it was well presented and maintained. Any premises work that was required had been identified by the person in charge and provider, and plans were in place to address any presenting issues. For example, the one of the bathrooms was planned for a full refurbishment in the coming weeks after the inspection.

The centre was nicely decorated with pictures hanging on the walls, soft furnishings, ornaments and other decor present to give it a homely feel. There was plenty of communal spaces available to residents including two sitting rooms.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector reviewed a residents' guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements, for example, the residents' guide contained information on the terms and conditions of each resident's residency.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed a residents' guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory

requirements, for example, the residents' guide contained information on the terms and conditions of each resident's residency.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the provider had systems in place for the identification, assessment and management of risks in the centre, including a system of responding to emergencies.

The inspector viewed the provider's risk management policy, the risk registers, a sample of risk assessments for two residents, general risk assessments and a record of incidents and accidents from 2026. Combined, these demonstrated that risks were identified and appropriately risk rated. It was evident that the provider was endeavouring and supporting residents to have a good quality of life while making decisions against presenting risks such as manual handling, slip, trips, falls and money management.

From a review of a sample of records relating to accidents and incidents over a five month period the inspector found that these were reported in line with the provider's policy. It was also evident that the provider responded to them in a timely manner, where required. The person in charge was completing regular reviews of incidents to enable the provider to identify any trends, and to put additional measures in place where they were required. Incidents were discussed at regular team meetings which ensured shared learning.

Judgment: Compliant

Regulation 28: Fire precautions

On the walk around of the premises, the inspector saw that fire containment measures were in place. Automatic closure mechanisms on doors were working, emergency lighting was in place and suitable fire fighting equipment was available. Records reviewed indicated that all equipment was being serviced as required. For example, fire extinguishers had been serviced in April 2026.

Systems were in place to review the effectiveness of fire safety measures in the centre. For example, daily and weekly checks were taking place on fire escape routes, fire alarm system and emergency lighting. On review of the records in place from March 2026 to June 2026, all had been signed off by staff to say these checks had been completed.

On review of fire drill records, it was demonstrated that all residents could be evacuated in a timely manner when required to do so. Personal emergency evacuation plans were in place and had clear guidance for staff. For example, if a residents required verbal prompting or assistant with their mobility, this was clearly documented in the residents' plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the receipt and storage of medicines. The provider had appropriate lockable storage in place for medicinal products.

Medicine administration records reviewed by the inspector clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Medicine prescribed as necessary (PRN), also clearly stated the maximum dose to be administered in a 24 hour period. Staff and management spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed.

There was a system in place to ensure medication errors were managed effectively. All medicine errors and incidents were recorded, reported and analysed. If any learning was identified this was brought back to the staff team as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' personal plans. Personal plans were kept in a office. From the plans reviewed overall these were seen to be updated to reflect changes in the residents' lives. For example, plans identified clearly resident's communication needs and supports. Residents had also access to multi-disciplinary supports such as speech and language therapy and occupational therapy.

The staff and management spoken with and observed throughout the inspection were very familiar with residents support needs. For example, a staff member discussed the likes and dislikes of the residents and activities each resident enjoyed, along with any trips they had planned. Staff also discussed resident's health care needs with the inspector and how they support residents with appointments when required.

From the sample of files reviewed, residents had completed annual person centred planning meetings. These meetings gave the opportunity for staff, residents and family members/representatives to review and plan for the year ahead. Goals and

aspirations had been set for these residents. Residents had goals such as attending maintaining friendships, exploring interests such as music, and planning trips.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed the health care supports in place for residents, having regard to that in the resident's personal plans.

From a review of two residents' care plans, it was evident that residents had access to a general practitioner, pharmacist and a range of health and social care professionals when required, such as physiotherapists, occupational therapists, and speech and language therapists. They had access to a dentist, chiropodist and medical consultants, as required.

The inspector found that residents' care plans were developed and reviewed as required. For example, residents had people moving and handling care plans to ensure their mobility needs were supported, along with osteoporosis screening tools which had recently been completed. Medical appointments were logged and followed up on. Residents had health passports in place so that in the event of an acute medical emergency, their important information was readily available.Residents who were eligible for National Screening Programmes such as Bowel Screening were supported to access these services.

Judgment: Compliant

Regulation 9: Residents' rights

There were many ways the centre was supporting the residents with their rights. Residents' rights were respected. These are some examples the inspector was informed of and reviewed on this inspection:

- Residents meetings and advocacy meetings were taking place on a regular basis. These meetings discussed items such as complaints, safeguarding, rights, fire safety and upcoming outings and events.
- The language used in resident's personal plans was person-centred and respectful of resident's preferences. For example, documents in place recorded activities residents completed and if they enjoyed these activities.
- Each resident had an individual rights assessment form completed. The inspector reviewed a sample of these. These highlighted the residents' rights in different areas and how they are supported to have their rights upheld if

there are any restrictions or barriers in place. This ensures that supports are in place, and the residents will and preference is considered.

- Easy-to-read documents and pictures were available to support the residents. This promoted a sense of participation for the residents in meetings that took place and these were used as per their individual communication needs. Residents also had easy-to-read documents in place for restrictive practices in place in their home.
- Management and staff informed the inspector that the residents could decide what they wanted to do or what meals they wanted and any changes would be accommodated for the residents. Residents were seen to be supported throughout the inspection day with different activities and meals that they appeared to enjoy.
- Staff supported decision making and person-centred care in the designated centre. On the day of the inspection a resident was supported to go to a nearby town to experience a new hairdresser which their peer had been to and enjoyed.
- Residents had communication passports in place which clearly documented how each residents communicates their choice and how they give consent. Residents living in this centre had various communication needs.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant