



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 J
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	08 July 2026
Centre ID:	OSV-0003935
Fieldwork ID:	MON-0042310

About the designated centre

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

The designated centre is located on the outskirts of Limerick city adjacent to a small town. The services provided are to adult residents who have an intellectual disability. The designated centre is comprised of two separate bungalows located in close proximity to each other. Each bungalow consists of 6 individual bedrooms, a kitchen / utility room, a living room / dining room, a bathroom, a shower room, a laundry / sluice room. Each building has a garden to the rear and car parking to the front. Support to residents is provided by the person in charge, nursing staff, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Wednesday 8 July 2026	10:45hrs to 17:45hrs	Lisa Redmond	Lead
Wednesday 8 July 2026	10:45hrs to 17:45hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre St. Vincent's Residential Service Group J. This designated centre was registered to provide full-time residential services to a total of 12 adult residents. This inspection was completed to make a decision regarding the registered provider's application to renew the registration of the centre for a further three year cycle.

Overall, residents were provided with a good level of care and support in their home. There was evidence of effective oversight of the centre to ensure the safety of residents. Although improvements were required to ensure all incidents of a safeguarding nature were recognised and reported as such, this did not significantly impact the residents living in the designated centre.

Inspectors met with nine of the 10 residents living in St. Vincent's Residential Services Group J on the inspection day. The residents' homes consisted of two bungalows located in a campus-style setting. When inspectors arrived, two residents were observed sitting in the living area of their home. Music was playing in the residents' home throughout the day and the atmosphere was calm and relaxed. These residents were non-verbal communicators; however, they smiled as they interacted with the inspectors, and the staff that supported them in their home. In the second house visited, a resident was watching western movies on the television in the sitting room. It was evident on discussions with staff that this was something the resident enjoyed.

The inspection day was a hot and sunny day. Residents were kept cool using fans, and it was noted that they were dressed appropriately for the warm weather in shorts and t-shirts. Staff offered residents cold drinks at regular intervals to keep them cool and hydrated.

Residents were supported to attend events and activities that they enjoy. On the inspection day, two residents were supported to go to a sea-side town. Staff spoken with noted that one resident had been to the Aviva Stadium to watch an Ireland match, while another resident had recently been to a music concert. A resident with a diagnosis of dementia was being supported to attend music events and a Café specifically for people with dementia.

Inspectors met with several residents on their return from day services and trips out. One resident was noted to be tired after their trip to the seaside, and they were supported by staff to lie out on their recliner chair to relax. A second resident was asked by staff if they would like a rest in bed and they replied, 'I do'. Staff supported this request and the resident gave inspectors a wink before they went for a lie-down.

Ten questionnaires had been completed by residents and their representatives about the supports they received in their home. The responses were positive, with residents reporting they felt safe in their home. When asked if their home was a nice place to live, one resident said 'lovely', while another gave a thumbs up. When one resident was asked if staff help them when they need it they replied 'they do'.

Throughout the day, the atmosphere in the centre was calm and relaxed. Music was playing and residents were supported to rest at home, or to go for walks and meet friends in the canteen on the campus where they lived. Interactions with staff and residents were kind and caring in nature. It was evident that staff knew residents and their assessed needs very well. 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.

Capacity and capability

Overall, it was evident that the registered provider had demonstrated a high level of compliance with the regulations during the centre's registration cycle. For the most part, progress of actions and areas for quality improvements were seen to be completed as outlined in audits and reviews carried out by the registered provider. At the July 2023 and December 2025 inspections, it was noted that maintenance works were to take place to replace the kitchens in both centre's houses. These works were initially due to be completed in 2024, however they had not yet been completed at the time of this inspection. The provider noted that the renovations of the kitchens were due to be completed in September 2026.

Staff spoken with throughout the inspection day felt well supported by the management team in the centre. It was evident that staff could raise issues or concerns on behalf of residents. Staff team meetings had taken place monthly in 2026. This included topics such as incidents, health and safety, residents' quality of life and activities residents participated in. The inspector also reviewed evidence that a sample of 17 staff had received supervision with management in the centre in the previous six months.

Although improvements were required to ensure an allegation of suspected neglect was investigated and screened in line with the registered provider's policy on the safeguarding of vulnerable adults, this did not negatively impact on the care and support provided to the resident involved.

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 registered provider had ensured that a full application to renew the registration of the designated centre had been completed in a timely manner. This included the submission of prescribed information and the payment of the required fee.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge in the designated centre. The person in charge commenced this role in December 2025. This person worked full-time and it was evident from a review of documentation that they held the necessary skills, qualifications and experience to carry out the role. The inspectors also met with the person in charge on the day of the inspection. It was evident from discussions that they had effective oversight of the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents living in the designated centre. This insurance policy was submitted as part of the registered provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was effective monitoring and oversight systems in the designated centre. An annual review of the quality of care and support provided to residents in their home had been completed in October 2025. This noted that residents' medical needs had increased in the previous 12 months, and it noted that staffing levels would continue to be monitored to ensure the centre continued to meet the support needs of residents. It also included consultation with residents and their representatives, as outlined by the regulations.

Six-monthly unannounced visit reports had been completed in November 2025 and May 2026. These reports included progress on actions from previous inspections,

including the inspection completed in December 2025. It also noted areas for further quality improvement in the centre. However, upgrades to the kitchen in each of the centre's houses had been outstanding since 2023.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted as part of the centre's application to renew the registration of the centre. This was reviewed as part of the inspection, and it was noted that it outlined the specific care and support needs for residents living in St. Vincent's Residential Service Group J.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had not ensured that the Chief Inspector had been provided with notice in writing of adverse incidents occurring in the centre, as outlined under this regulation. The inspectors reviewed the centre's incident report records from 8 January to 2 July 2026. Although the person in charge had ensured there were records of all incidents, one complaint referencing a suspected allegation of neglect had not been notified to the Chief Inspector in line with the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had ensured the complaints procedure was prominently on display in the centre. Contact details as well as photos of the designated officer and the designated complaints officer were in photo frames on entry to the centre.

Inspectors reviewed the designated centre's complaints log. The centre had received one complaint on 24th March 2026 and the complaint was closed at the time of the inspection. The registered provider had failed to identify the complaint as an allegation of suspected neglect and did not follow their safeguarding procedure in terms of their reporting mechanisms and screening. This is actioned under Regulation 8, Protection.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. Despite improvements required to ensure allegations of a safeguarding nature were appropriately screened and reported as such, residents did receive a safe service in their home. Staff spoken with were aware of the assessed needs of residents and their goals. It was evident at all times that supports provided to residents were provided in a kind and respectful manner.

Intimate care plans were in residents' personal files. They included key information on the supports required to meet the personal hygiene needs of residents. It also included details on any aids or appliances required and these were observed to be available for use in the residents' home.

Multi-disciplinary support was provided to residents on a regular basis, but no less than on an annually. This was provided by a team of allied health and social care professionals including social workers, G.P's, speech and language therapists, occupational therapists, nursing staff and psychologists.

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre was designed to meet the number and assessed needs of residents. Both houses were suitably decorated with photographs and personal items. Outside, colourful flowers were planted in pots and planters and the aroma of these could be smelt on entering the residents' homes. There was sufficient bathrooms, showers and baths for residents. Appliances and aids to support residents' hygiene needs were also provided.

There were plans in place to renovate the kitchen in both centre's houses. This is actioned under Regulation 23; Governance and management.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents in respect to the designated centre. This guide included the information required under this regulation to include a summary of the services and facilities provided, the terms and conditions relating to residency and the arrangements for visits.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate practices relating to the ordering, receipt and storing of residents' medicines. Residents' medicines were prescribed by their general practitioner (G.P). The dose, route and time of administration was documented on the residents' medicines prescription records to guide staff on the administration of medicines. Residents' personal plans also outlined how residents liked to take their medicines. For example, it noted one resident liked to take their medicines with a yogurt which were available to support administration of their medicines.

The inspector reviewed the storage of medicines in each of the designated centre's houses. It was evident that residents' medicines were held securely, and that were in-date. There were appropriate practices for the disposal of out-of-date medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were supported to have a comprehensive assessment of their health, personal and social care needs. Inspectors reviewed the personal plans for four of the 10 residents. The plans included details of medical diagnoses, residents' likes and dislikes and personal goals. It was evident that actions were taken to support these identified needs. For example, a resident's personal plan stated they needed a safe and secure environment. It was observed that padding had been installed in areas of their home to ensure their safety.

Residents had been supported to develop goals in line with their needs and interests.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that residents were provided with appropriate health care, in line with their personal plans. Healthcare plans were developed to support the assessed healthcare needs of residents. For example, a care plan for a resident with epilepsy outlined medicines that should be administered to them should they present with seizures of a specific time and/or duration. Health records including weight, temperature, blood pressure and pulse were also documented.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up-to-date guidance to respond to behaviour that is challenging, and to support residents to manage their behaviour. Inspectors reviewed the positive behaviour support plans in place for two residents. These included details of the proactive and reactive strategies in place to support residents. It also noted potential triggers such as assessed healthcare needs of the resident.

Judgment: Compliant

Regulation 8: Protection

The person in charge had not ensured that an investigation had been initiated following an allegation of suspected abuse of a resident. As referred under Regulations 31 and 34, an allegation of suspected neglect of a resident was not appropriately investigated in line with the organisation's policy on the safeguarding of vulnerable adults. The person in charge had not reported the allegation of suspected abuse to the designated officer. Therefore, screening mechanisms were not utilised to review the allegation. Although, this had not followed the appropriate lines of reporting, the person in charge had ensured actions to safeguard the resident were implemented at the time of the complaint, and these remained in place for the resident when it was appropriate.

Judgment: Substantially 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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for St. Vincent's Residential Services Group J OSV-0003935

Inspection ID: MON-0042310

Date of inspection: 08/07/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Upgrading of both kitchens planned for completion later this year and funding for same confirmed.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: On the day of the inspection the complaint was processed under safeguarding and no grounds for concern identified. A notification was submitted on the day of inspection to confirm same.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The allegation of suspected abuse related to when the resident was an inpatient in the acute setting and was processed as a complaint. On the day of the inspection the	

complaint was processed under safeguarding and no grounds for concern identified. A notification was submitted on the day of inspection to confirm same.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/11/2026
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	08/07/2026
Regulation 08(3)	The person in charge shall initiate and put in	Substantially Compliant	Yellow	08/07/2026

	place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			
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