

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Adult Respite Services - St. Vincent's Residential Services
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	09 April 2025
Centre ID:	OSV-0003937
Fieldwork ID:	MON-0037942

About the designated centre

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

This short term respite service is located in a small town on the outskirts of a large city. The service offers respite to male and female adults who have an intellectual disability, physical disability, communication difficulties and medical conditions with complex care needs. The service operates all year round with the exception of a planned closure at Christmas time. The designated centre was purposefully built and further extended to include 6 individual residents' bedrooms, a bathroom, wet room, toilet, staff office, staff sleepover room, a large kitchen / dining room, a living room and large reception room and sun room. Externally is a front garden and parking area. The rear of the centre has a large secure garden with patio and decking features which is wheelchair accessible. The staff team is composed of nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 9 April 2025	10:00hrs to 16:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The centre was previously inspected in November 2023 as part of the current registration cycle. The inspector acknowledges that the provider was found to have had adequately addressed the actions that were identified during that inspection.

On arrival, the inspector met with the person in charge. No residents were present at the time, all six residents had left to attend their day services. This was deemed by the person in charge to be in the best interests of the residents to be able to engage in their morning routine if the inspector was not present. All of the residents were asked by staff on duty the previous evening if there was anything they would like the inspector to know. The inspector was informed none of the residents had indicated to the staff that they had any comments for the inspector at that time. The inspector did get to meet all six of the residents availing of respite breaks in the afternoon on their return from their day services.

The inspector reviewed a range of documentation and completed a walk around of the designated centre before the six residents returned in the afternoon. The designated centre, while identified as requiring some updating was found to be warm, clean and homely. The inspector was informed maintenance issues such as re-painting and refreshing the decor in the communal areas was planned by the provider. In addition, efforts had been made to clean the outside decking area which was an action from an internal provider led audit in October 2024. However, the inspector was informed following a recent review by the provider's facilities team the area would now need to be replaced to ensure the safety of the residents. There was additional garden space available for the residents to access the large garden area if they chose to do so while the replacement of the patio was been completed.

The inspector was aware in advance of the inspection that the provider had completed structural works to one of the bedrooms. This included the installation of a wide exit door directly out of the bedroom which assisted with the timely evacuation of a resident while remaining in their bed if required. These works had been completed to a high standard to ensure it was fit for purpose and had been tested by staff during a planned evacuation. The person in charge outlined to the inspector the residents with specific assessed needs and mobility issues for whom this bedroom would be allocated.

During, the walk about of the designated centre, the inspector observed an internal door in the open position to assist with ventilation due to the warm weather. This door was located between the kitchen and sitting room. It was part of a double door design. The doors were not identified as being fire doors, they did not have intumescent strips or were not connected to the fire alarm. However, on review of weekly fire door checks by the inspector both these doors were documented as

being fire doors with no issues recorded which included checks on door closing mechanisms and intumescent strips. Another fire door that was installed in a bathroom had evidence of damage visible which could impact the effectiveness of the fire safety measures. The documented weekly checks did not reflect any issues being identified. This will be further discussed in the quality and safety section of this report under Regulation 28: Fire precautions.

The inspector also discussed the impact for residents regarding their privacy and dignity when using a bathroom which had two points of entry into it. While there was a protocol in place to advise if the bathroom was occupied on the main door no such protocol was in place on the second access door from a utility room space on the day of the inspection to advise if the bathroom was occupied. The inspector acknowledges that the person in charge had ensured a sign was put in place during the inspection to advise staff if the bathroom was occupied once the issue was identified.

The inspector was introduced to all of the six residents in the afternoon. The residents were observed to engage with the staff team, discuss their day and plan their evening. Two residents spoke with the inspector as they settled on a couch to watch a preferred programme. They told the inspector they were good friends and enjoyed coming to the designated centre each month. They outlined how they liked to relax in the evenings after attending their day service. They were observed to engage in friendly banter with each other and the staff member present. Another resident greeted the inspector briefly but then chose to spend time with staff in another part of the house. The three other residents were introduced by a staff member individually. The inspector observed the staff member encouraging each resident to outline to the inspector what they liked to do while in the designated centre. One resident responded positively with smiles as the staff member spoke about that resident's interests as the staff held the resident's hand. The other two residents spoke of their interests such as shopping and their family members. All residents appeared to enjoy spending time in the designated centre. The atmosphere throughout this busy time was found to be relaxed and staff engaging with residents.

At the time of this inspection 55 residents were availing of regular respite breaks within the designated centre. The duration of respite breaks varied from between one to three nights usually. The person in charge and staff team were aware of preferences for particular residents such as attending only during weekdays to assist with transport to day services or at weekends to suit family routines. This information was documented in the personal plans/respite profiles for residents. If a resident was unable to attend for their planned respite break, an alternative date was offered where possible. In addition, another resident could be offered a respite break if there was a vacancy. The inspector also noted in one resident's personal plan that they did not wish to be offered a respite break at short notice in the event of a vacancy arising.

The inspector was informed that one resident was expected to be provided with a full time residential placement with another provider. The person in charge outlined their plans to link with the new provider to assist with information sharing to support

a smooth transition once the confirmation of the placement had been received by the resident. Additional respite breaks would then be offered to individuals currently on a waiting list for the designated centre.

The inspector reviewed a total of 26 resident questionnaires that had been completed either by residents with the support of family members or completed by family members on behalf of their relative. All of the responses were positive relating to the designated centre, staff team and the person centred support provided to their relatives during their respite breaks. There were some additional comments included which outlined how some relatives appreciated the communication from the staff team on how the respite break went for their relative who was unable to communicate using words. However, other relatives outlined how they would appreciate improvements in the regular communication they received regarding their relative's respite break. This included information on how the resident slept and activities they had engaged in as their relative was unable to communicate using words. The responses were discussed with the person in charge during the inspection. The inspector was informed that the staff team did not routinely contact relatives after respite breaks had finished and it was the staff from the day services who usually met with family members when residents were being collected from or returning to their family home.

The inspector spoke with six members of staff during the inspection. This included the person participating in management, the person in charge, two nurses, the household staff and a nursing student. All staff demonstrated their awareness of their roles and responsibilities. They spoke of how they supported each resident to make choices and decisions while availing of respite breaks in the designated centre. The flexibility of the staff team was evident to ensure a good quality service and meaningful activities were being provided for each resident. This included supporting individual and group activities in line with residents preferences. For example, some residents liked to attend the cinema at weekends, others preferred outdoor spaces, while others liked to engage in social activities such as having refreshments. Staff outlined how consideration was given during each respite break with the individuals present to ensure each resident was being supported in a person centred way. Staff spoke of how some residents liked to spend time in the designated centre after having a busy day at their day service. A review was ongoing at the time of this inspection regarding available community activities particularly at weekends.

The inspector was informed that residents could bring personal items with them for their short breaks, if they choose to do so. Staff cleaned and prepared each bedroom in advance of a resident attending to commence their short break. The person in charge outlined the centre specific protocols in place such as supporting residents with their laundry and finances. These protocols ensured each residents personal possessions were kept safe while adhering to the provider's own policies. However, further review was required to ensure residents were being supported to make choices regarding their meals. At the time of this inspection, meals were being prepared daily by staff in a nearby campus and brought to the designated centre. While there were two choices daily and staff spoke of alternatives available to residents if required, consideration of supporting residents to engage in meal

preparation if they chose to do so had not taken place.

In summary, there was evidence of residents being supported to avail of respite breaks which supported their assessed needs. This included ongoing review of how well residents engaged with their peers while in the designated centre. Where residents indicated that they preferred to spend time alone or away from peers this was facilitated by the staff team. Reduced numbers of residents were supported where it was identified as being in-line with the specific assessed needs of individuals. A consistent core group of staff was available to ensure residents were being supported by staff who were familiar to them. However, further review was required of the internal doors in the designated centre to ensure the effectiveness of such doors. Also, to ensure the rights of residents were being consistently supported as adults availing of a service in a community setting; Further assurance was required regarding the provision of prepared meals from the provider's nearby campus being delivered each day to the designated centre. To ensure residents were consulted and involved in the decision making regarding this arrangement.

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

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to the wishes they were expressing regarding how they wanted to spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective. The provider had adequately addressed the actions identified in the previous Health Information and Quality Authority (HIQA) inspection that took place in November 2023. This included ensuring issues identified relating to staff training, the directory of residents and reviews of personal plans had been addressed. The inspector acknowledges that the provider had recruited an additional staff to support more community based activities after the previous inspection. While the post had been vacated recently, the staff team outlined the current focus on supporting such activities at weekends by the staff team.

The provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. Residents were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident maintained eye contact with a staff member while they explained to the inspector how the

resident enjoyed singing. The resident was observed to smile at this but indicated they did not wish to sing at that time while the inspector was present.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months in the designated centre. The inspector reviewed the annual review for the designated centre which was completed in November 2024 and the most recent internal six monthly provider led audit was completed on 21 October 2024. Details of completed actions were documented. Barriers to attaining completion were also recorded in progress updates on the actions identified in the audits. For example, repeated contact by the person in charge with relatives of five residents availing of respite breaks regarding the return of signed contracts of care. In addition, an infection prevention and control audit had been completed on 12 February 2025 in the designated centre. Actions identified had all been addressed which included the deep cleaning of areas of floor covering that had carpets in place.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements. Minor changes and clarifications were submitted in a timely manner by the provider.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre and one other designated centre located approximately 15 minutes drive away. They were available to the staff team by phone when not present in the designated centre.

Duties were delegated and shared among the staff team including audits, review of personal plans, risk assessments and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents and in line with the statement of purpose. There was a consistent core group of staff working in the designated centre.

- The staff team was comprised of nurses, care staff and household staff.
- There were no staff vacancies at the time of the inspection. No agency staff were working in the designated centre. One regular relief staff was supporting the staff team while a member of the core team was on long term leave.
- A selection of dates were reviewed on both actual and planned rosters since the 5 January 2025 until the 19 April 2025, 15 weeks. These reflected changes made due to unplanned events/leave. The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night. The details contained within the rosters included the start and end times of each shift and scheduled training for all members of the staff team.
- The person in charge ensured familiar staff were rostered on duty to support specific assessed needs of some residents.
- Staffing resources were reflective of the assessed needs of residents attending and the number of residents in the designated centre. For example, one resident was supported on their own in the designated centre in-line with their assessed needs, while three other residents who required high staffing supports attended for scheduled weekend respite breaks together.
- The person in charge also provided details on the day of the inspection of additional relief staff that had worked in the designated centre since January 2025 which included two nurses and five care staff.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of 17 members which included the person in charge, seven nurses, five care staff, one household staff and three regular relief staff. In addition, a nursing student was also on placement in the designated centre on the day of the inspection.

- A schedule of staff supervisions had commenced and was planned for 2025 by the person in charge. This included probationary appraisals in line with the provider's protocols and meetings held by the night manager with regular night staff.
- The person in charge met with all members of the staff team both day and night staff regularly.
- The person in charge was present in the designated centre each week and

<p>ensured all staff were appropriately supported and supervised, this included nursing students.</p> <ul style="list-style-type: none"> • Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as managing behaviour that challenge, safeguarding of vulnerable adults and manual handling. • All staff working in the designated centre at the time of this inspection had also completed training in food safety, infection prevention and control, open disclosures and fire safety. Three relief staff were scheduled to attend training in fire safety on 14 April 2025. • Additional training had also been completed by members of the staff team which included human rights, dignity at work, autism awareness and fundamentals of advocacy.
Judgment: Compliant
Regulation 22: Insurance
<p>The registered provider had ensured that the designated centre was adequately insured. This documentation was submitted by the provided as part of their application to renew the registration of the designated centre.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by a senior managers. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose.</p> <p>The person in charge ensured audits were completed in-line with the provider's own procedures. There was also a schedule of audits which included a medication management and competency audit completed in February and March 2025.</p> <p>All actions identified in the provider's annual report and internal six monthly audits had been addressed/updated to the satisfaction of the provider. For example, to</p>

ensure the safe management of residents money while adhering to the provider's own policy on residents finances an action from the annual report required no personal finances of residents was to be kept on the premises when the resident was not availing of services. Personal finances are brought to the designated centre and sent home for each respite stay by every resident.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had taken steps to ensure all residents had a contract of care in place. 50 contracts for residents currently availing of services in the designated centre were reported to be in place which were signed and contained details of the service to be provided. Residents were also provided with an easy-to-read version of the document.

The person in charge detailed the repeated contact they had made with family representatives of the remaining five contracts that were awaited to be returned at the time of the inspection. Continued efforts were being made to ensure the return of signed contracts for these five residents, unsigned copies of the contracts were in place in these residents personal files.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations. Minor changes were made prior to the inspection taking place and re-submitted by the provider.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that a written report had been provided to the Chief Inspector at the end of each quarter as required by the regulations.

The person in charge had ensured the Chief Inspector had been notified in writing within three working days of all adverse incidents. There was evidence of review

and recommendations to reduce the risk of similar incidents occurring which included training in the use of mobile phone for a resident and ensuring a consistent approach being taken by the day service and staff team supporting the resident while in the respite service.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a complaint policy was in place and subject to review by the provider. Details of who the complaint officer was were observed to be available within the designated centre.

There were no open complaints at the time of this inspection. One complaint had been made since the previous inspection in November 2023. The complaint had been made in December 2024 relating to a bedroom door. The issue was resolved and the satisfaction of the complainant was documented.

Residents were supported to have information available in a suitable format regarding the process to make a complaint.

The staff team had received one compliment from family representatives of a resident in February 2025 regarding the service being provided to their relative.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were being promoted, encouraged to build their confidence and independence, and to explore different activities and experiences.

The residents attending for respite breaks on the day of the inspection, spoke of how they enjoyed their time in the designated centre. It was evident some residents enjoyed each others company and were observed chatting and engaging in playful banter. Staff outlined how ongoing review of the compatibility of groups attending was taking place to ensure a positive experience was had by all residents.

Effective measures had been implemented to support the assessed needs of a number of residents which included reduced number of residents attending to reduce noise levels or high numbers of people being in the house. Specific bedrooms located away from the communal areas were identified to better support particular

residents and a core consistent staff team worked together to provide a positive experience for all residents.

The provider had ensured the ongoing safety of residents following the recent review of the external decking/patio area. The structure was scheduled to be replaced and the residents had an alternative external space to use in the mature garden at the rear of the property while these upgrade works were being completed.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included ensuring access to documents in appropriate formats and visual signage were available for a range of topics including safeguarding, advocacy and consent.

Residents also had access to telephone, television and Internet services.

Some residents spoken with during the inspection were aware of the process of how to make a complaint and who they would speak with if they had any concerns. There were information leaflets available in the designated centre which included who the complaints officer was.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured residents were supported to access their day services while attending for respite breaks. Consultation with residents and family members evidenced scheduled breaks occurred at times that best suited residents and their regular family routines. For example, some residents preferred to attend only during week days when day services were open. Others preferred attending at weekends.

Staff spoke of how they consulted with residents in particular at the beginning of weekend breaks about possible community activities. They also outlined the encouragement that sometimes was required as residents enjoyed spending time in the designated centre. Some residents only attended for one or two nights a month and this was reflective of the choices they made to engage in activities in the centre.

Staff outlined to the inspector the staff resources that were available and the flexibility to support activities in particular if not all residents chose to engage in a group activity. For example, a resident could chose to remain at the designated

centre with staff support while others go to the cinema. Planning of activities at the start of a respite break assisted with residents to make decisions on what they would like to do and provide opportunities for them to change their mind if they chose to do so.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well ventilated and comfortable. Communal areas were large and spacious.

- Planned internal re-painting was scheduled to take place to upgrade the overall decor. This included to some bedroom areas and communal areas such as one of the sitting rooms.
- Deep cleaning of floor surfaces where carpets were present had been completed.
- There was evidence of timely responses to maintenance issues that had been logged and ongoing review. For example, the external decking area had been cleaned as per the actions of an internal audit in October 2024. On further review by the facilities team the decision was subsequently made to replace the structure.
- Residents were being supported to access other areas of the mature gardens to the rear of the property while awaiting these works to be completed.
- Residents who required the use of wheelchairs to mobilise were able to access all communal areas and had adequate space in bedrooms that had been identified to support their assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. Minor changes were made prior to the inspection taking place and re-submitted by the provider.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which outlined the processes and procedures in place to identify, assess and ensure ongoing review of risk.

There were no escalated risks at the time of this inspection.

Centre specific risks had been reviewed by the person in charge in March 2025 with measures in place to ensure the safety of residents and staff in the designated centre.

Individual risk assessments had also been completed and subject to regular review by the staff team. Measures were in place to ensure the safety and well being for residents. For example, one resident liked to have a quiet environment,. A control measure outlined how staff ensured the resident was provided with a bedroom away from the communal areas to reduce the risk of increased activity or noise around the resident.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems which included weekly, monthly, quarterly and annual checks being completed. However, further review of the effectiveness of the weekly checks being completed on fire doors within the designated centre was required. At the time of the inspection, two internal doors between the kitchen and sitting room were documented as being fire doors, with staff checks indicating no issues identified. These doors did not have fire safety features listed in the provider's fire door checklist in place which included intumescent strips on the day of the inspection, with one door being observed to be held back in the open position. These doors were not connected to the fire alarm system in the house.

In addition, a fire door that was in place in one bathroom area had damage evident on the edge of the door which appeared to impact the effectiveness of the intumescent strip in the event of a fire. This damage had also not been identified in the weekly checks completed on the fire doors within the designated centre prior to this inspection.

All residents had a personal emergency evacuation plan (PEEP) in place. These were subject to regular review and were reflective of the supports and prompts that may be required for each individual. This included the order an evacuation was to take place if residents were in their bedrooms. Staff also outlined the procedure in place to ensure the PEEPs for residents availing of respite each day were in place in a designated area. This was observed by the inspector to have been completed prior to the residents arriving back in the afternoon to the designated centre. The inspector reviewed the PEEPs for the six residents availing of respite on the day of the inspection. All clearly documented the assistance required for each resident,

including ensuring support with mobilising, communication needs, exiting with important personal belongings and the staff assistance/supervision required upon exiting the building.

The person in charge had ensured the staff team completed regular fire drills including a minimal staffing fire drill. Such a drill took place in February 2025 and included the use by staff of the newly installed fire door exit from one of the bedrooms. Actions identified during that drill were addressed immediately which included changing the bed due to issues encountered by the staff in moving the bed that was already in place. A threshold strip was also put in place at the exit to assist with the evacuation process.

The inspector discussed during the feedback meeting details that were not documented in the most recent fire drill of 31 March 2025. The length of time the evacuation took to complete was not documented. While previous fire drills did identify a scenario the most recent drill did not, nor were the exits used to evacuate documented to ensure staff and residents were exiting through the closest exit without crossing the location of the fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of the personal profiles specific to the respite service of the six residents availing of respite breaks at the time of the inspection. Two personal plans were also reviewed during the inspection. The inspector was informed the ongoing the review of personal plans was being completed in conjunction with residents, their families and day service teams. All residents personal plans were subject to a minimum annual review with actions that required input from the respite staff team identified. These included assistance with progressing personal goals, such as supporting a resident in the education and safe use of their mobile phone.

Residents health and attendance to allied health care professionals was being primarily supported by family members.

The centre specific respite personal profiles that were reviewed were found to be comprehensive in nature for most of the residents. The profiles provided up-to date information on health issues, supports required with activities of daily living and likes and dislikes. Details of measures where they were required to support specific preferences or assessed needs such as with food choices, engaging with peers in activities and location of a bedroom were reflective of staff knowledge and supports being provided to each resident.

However, it was noted by the inspector not all of the personal profiles reviewed were reflective of the communication needs of residents. For example, one resident required glasses at all times and this was documented in the section pertaining to

their activities of daily living. However, another resident who also required glasses to support their vision did not have this information reflected in their personal profile. The inspector also noted that the profile template did not provide details if any resident had issues with their hearing which would be another important aspect of supporting a resident with their communication needs. This was discussed with the person in charge and at the end of the inspection during the feedback meeting.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents were supported to positively manage challenging issues while attending for respite breaks. Staffing resources familiar with residents who experienced difficulties and environmental considerations were being provided to ensure effective supports in place for residents who required such actions. For example, reducing the number of residents in receipt of respite breaks when specific residents with increased assessed needs were being supported.

The inspector reviewed one behaviour support plan that was still in draft during the inspection. It had been developed in conjunction with behaviour support specialists and the resident's day service team as well as members of the staff team in this designated centre. The plan clearly outlined the possible stressors for the resident, what were effective distractors and recommendations when engaging the resident in activities. The plan also referred to the traffic light system to inform staff of the most effective strategies to implement at each stage that the resident may present with behaviours that may challenge.

Minimal restrictions were in place for the least amount of time required to support specific needs of residents availing of respite breaks. These included window restrictors, bed rails and visual monitors. The restrictive practice log had been reviewed in November 2024 and detailed the restrictions in place in the designated centre which included a fob system to access the entry/exit doors and locked presses containing cleaning products. The log also contained details of the number of residents who at that time required the use of bed rails to support their assessed needs, the awareness of relatives that the restriction was being used and if the restriction had been reported to the Chief Inspector.

In addition, the person in charge had completed the HIQA self assessment on restrictive practices in the designated centre on 6 February 2025. Staff were also asked during a staff meeting on 1 April 2025 to consider innovative ways to support residents in the least restrictive way.

During the inspection, the inspector observed two televisions which were behind unlocked perspex screens. The person in charge outlined that these remained unlocked, there was no current requirement for the protective screens to be locked. The screens were not observed to impede residents viewing the televisions but the

purpose of the screens remaining in place was discussed during the inspection.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There were no open safeguarding plans at the time of this inspection.
- One closed safeguarding plan was subject to monitoring. Control measures were in place to reduce the risk of further safeguarding concerns which included identifying two specific bedrooms that would best suit the assessed needs of one resident so that they were located away from potential busy communal areas in the house.
- Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre.

- Staff ensured residents were being provided with a person centred service in a relaxed environment.
- Residents expressed wishes and preferences to spend time in the designated centre was respected. This was reflective of residents returning in the evening after attending their day service.
- Staff were encouraging residents to part take in more community activities, in particular at weekends
- Residents were supported to manage their personal finances during their respite breaks in line with expressed wishes of either the resident or on their behalf family representatives. The staff team had a centre specific protocol in place to ensure all residents finances were returned to the resident at the end of each respite break.

However, further review was required to ensure residents were consulted regarding the daily provision of prepared meals from the provider's nearby campus and were

being provided the freedom to exercise choice and control in such decisions.

In addition, while measures were taken on the day of the inspection to address the multiple access points to one bathroom further review was required to ensure effective measures were in place to ensure the privacy and dignity of residents while using the bathroom.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Adult Respite Services - St. Vincent's Residential Services OSV-0003937

Inspection ID: MON-0037942

Date of inspection: 09/04/2025

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Provider has undertaken a full review of the internal doors in the designated centre and the weekly checks pertaining to fire doors have also been updated to ensure same are accurate.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents availing of respite continue to be offered choice for all meals. In consultation with residents some meals are prepared within the designated centre depending on the residents' preferences. Additional signage has been put in place to highlight that only one access point to the bathroom is to be utilised apart from when there are no residents in the designated centre and scheduled cleaning is taking place. Risk assessment in place.	

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 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	15/04/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	18/04/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space,	Substantially Compliant	Yellow	15/04/2025

	personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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