



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 A
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	31 March 2026
Centre ID:	OSV-0001431
Fieldwork ID:	MON-0041518

About the designated centre

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

St. Vincent's Residential Services Group A consists of three bungalows that are located on a campus. The centre provides full-time residential support for a maximum of 15 residents of both genders, over the age of 18 with intellectual disabilities. Residents can attend day services which are located on the same campus and also run by the provider. Support to residents is provided by the person in charge, nursing staff, care staff and household staff. All residents have their own individual bedrooms and other facilities in the centre include bathrooms, living areas, dining rooms, kitchens, laundries and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 31 March 2026	09:35hrs to 17:40hrs	Kerrie OHalloran	Lead
Tuesday 31 March 2026	09:35hrs to 17:40hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

This was an announced inspection completed to inform the decision making with regard to the renewal of the centre's registration. The centre had been last inspected in October 2025. This inspection overall had positive findings and an improvement was seen with compliance with the regulations since the centres last inspection. Some improvements were identified in Regulation 15: Staffing, Regulation 16: Staff training and development, Regulation 5: Individualised assessments and personal plans and Regulation 28: Fire precautions. This centre comprised of three houses located next to each other on a campus setting.

On arrival to the centre the inspectors were greeted by the person in charge. The inspectors signed into the designated centres visitors' book and had a discussion with the person in charge about the designated centre. The inspectors completed a walk around of the three houses that comprise of the designated centre and were introduced to staff members on duty, along with some resident who were up and ready for the day ahead or being supported to get ready for the day ahead. In the morning of the inspection some residents were supported to relax in bed longer as they had requested.

During the walk-around of the first house the inspectors met four staff members. Five residents lived in this house. Two residents were enjoying their breakfast with the support of staff on duty. The staff spoke about the plans the residents had for the day such as going out for a walk in the community and doing some shopping. The inspectors spoke to one resident as they relaxed in their bedroom, the person in charge identified lights that were placed on fencing outside the resident's bedroom window. The inspectors were told that the resident enjoys looking at lights in the evening time. The residents living here appeared very happy, relaxed and content in the presence of the staff.

The inspectors visited the second house that comprises of the designated centre. Five residents also live in this house. The inspectors had the opportunity to meet the five residents living here during the course of the inspection. Residents living here were being supported by staff to complete a range of activities during the inspection day. This included attending their day service, shopping, meals out and walks. The inspectors spoke to three staff that were on duty here and they were very knowledgeable of the support needs of the residents living there. For example, one staff member was seen to be preparing the residents evening meals as per residents assessed needs.

The third house visited by the inspectors had four residents living there. When the inspectors first visited the house they had the opportunity to meet all four residents. The residents were being supported with their meals or relaxing. The staff discussed with the inspectors the resident's plans for the day ahead and the support needs of each of the residents. The staff again were seen to be very knowledgeable of the

required support needs of the residents living there. The inspectors visited this house again later in the evening and seen the residents returning to their home from various activities.

All three houses were warm, homely and clean throughout. Each resident had their own bedrooms which were decorated with their own personal belongings and soft furnishings. Residents had access to kitchen, dining room, living rooms and sun rooms in each house. A garden area with seating was also available and staff told the inspectors that residents enjoy this space during good weather. Residents had access to large communal bathrooms in each house and storage was also available.

As the inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Fifteen questionnaires had been completed. Residents had been supported by staff or a family member to complete the questionnaires. They highlighted overall that residents are happy in their home, they know the staff team and they feel listened to. It was noted in five of the questionnaires that residents are supported to by staff with information regarding their home regularly and that residents meetings support this.

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

Capacity and capability

Overall findings from this inspection were that the residents living here were in receipt of a good quality and safe service. The provider had systems in place for monitoring the quality of care and support residents received, while working to ensure that the residents were supported to access their local community and make choices in their lives.

The centre had a clearly defined management structure in place which was led by a person in charge. The person in charge had a remit of this designated centre and was found to be very knowledgeable of their role and the support needs of the residents living in the centre. They were supported in their role by the person participating in management. The inspectors had the opportunity to also meet them during the course of the inspection along with the service manager.

Findings of this inspection were that levels of compliance with regulations had improved since the last inspection of the designated centre. Some improvement is required to staffing to ensure rosters were reflecting the night staff on duty in the designated centre. This is detailed under Regulation 15: Staffing.

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 was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge had a remit of one designated centre.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from January 2026 to the beginning of April 2026 showed that there were sufficient staff on duty to meet the needs of the residents. This showed overall that a consistent staff team were employed in the centre at the time of the inspection. At the time of the inspection the designated centre had two staff vacancies, these were being actively recruited for. The provider had ensured these vacancies were being covered with regular staff to ensure consistency of care was being provided to the residents.

However some review was required. The rosters had documented the details of the start and end time of the shifts that were scheduled for the day staff, however, no details were documented of the hours for the waking night staff on duty in the designated centre. In some samples reviewed, the inspectors seen that the actual number of hours worked was recorded but this did not clarify the start and end time for the night duty. This was discussed during the feedback meeting at the end of the inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of the staff training matrix for all staff was reviewed by the inspectors. This is to ensure staff are provided with training to ensure they had the necessary skills to respond to the needs of the residents. Staff had completed training in areas such as fire safety, safeguarding, children's first and manual handling.

Refresher training was required for two staff members:

- One staff required refresher training in management of behaviours that challenge.
- One staff required refresher training in understanding and responding to behaviours of concern.

The provider had a procedure in place for staff to receive supervision twice a year and an annual appraisal. A matrix was reviewed by the inspector which identified all staff had received supervision and annual appraisals were in progress by the person in charge.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The inspectors reviewed the records of the residents which were maintained in the directory of residents. The inspectors 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

The inspector found that there was a well-defined management structure in place with clearly identified lines of authority and accountability. The person in charge is supported in their role by a person participating in management of the centre.

The provider had systems in place for oversight and monitoring of the centre. These included a schedule of audits which was in place. The inspectors reviewed a sample of these audits which included mealtime audits, mattress audits, risk assessment audit, fire register audit, handover audits and health and safety audits.

An annual review of care and support had been completed in October 2025. Six monthly unannounced visits were also being completed as required by the regulation. The inspector reviewed the last audit which had been completed in January 2026. Clear action plans arose from these with evidence of progression of actions and actions being completed. For example, risk management was discussed at team meetings and the risks in the centre had been reviewed. The provider had also identified training need required in the designated centre and some of these were seen to be completed, such as all staff had fire training completed.

Since the last inspection, regular staff meetings were taking place in the centre. The inspector reviewed a sample of the minutes of staff meetings from December 2025 and March 2026. Agenda items were in place for each meeting which included restrictive practices, advocacy, infection prevention and control, safeguarding, training and resident updates.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. The inspector reviewed the statement of purpose which had been reviewed in November 2025. This included all the required information and adequately described the service.

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 use of a restrictive practice within the centre on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and the residents knew who to approach if they had a complaint. There were no current open complaints in the designated centre. A record log was available to log complaints and any compliments received by the centre.

Judgment: Compliant

Quality and safety

The residents living in this centre appeared happy, content and relaxed in their home and with the staff that support them. The inspector found that overall residents were receiving a safe quality service. Some minor improvement required in individual personal and care plans, and fire precautions.

There were clear systems in place to manage and review risk in the centre. The premises was clean, homely and well decorated. The residents each had their own bedrooms which were decorated with their own personal items.

There were systems in place to manage fire in the centre, with some improvement required to ensure drills were completed to reflect the minimum staffing in place. Residents had personal plans in place, which for the most part were clear and provided guidance for staff on how to support each resident as per their assessed needs. Review was required to ensure residents goals were being consistently recorded.

Regulation 11: Visits

The inspectors reviewed the provider's visitors policy and the information in the statement of purpose and residents' guide around visiting arrangements. They also

spoke with the person in charge and some members of staff. Based on what they read and were told, the residents were supported to maintain relationships with their family members and friends. They were visiting and spending time with their family and friends on a regular basis and the residents could have visitors to their home as they wished.

Judgment: Compliant

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. On the day of inspection residents were supported to attend activities of their choice both within their home and in the wider community. Residents were supported to go for walks, do shopping, go out for meals in the local community, along with relaxing and watching television programmes of interest. Residents were supported to visit family and friends when they wished. Residents also had access to a day service which they could avail of.

The designated centre had a relaxed and homely atmosphere, residents here were supported in a relaxed resident lead schedule. Residents were supported to make decisions on what they would like to do and when they would like to do it. For example, residents that requested or enjoyed a rest in the afternoon were supported by staff to do so.

Residents had been supported to develop goals for the coming year with the support of staff. These included goals such as planning holidays, connecting with family and planning day trips. Each resident has an appointed keyworker to support them to develop and review their wishes and goals.

Judgment: Compliant

Regulation 17: Premises

The premises was comfortable and suitably decorated. It was found to be clean throughout. Each resident had their own bedroom and access to communal areas in the house such as sitting rooms, dining rooms and sun rooms. The centre had laundry facilities in place in each house and adequate storage facilities. Residents' bedrooms were seen to be decorated with their own personal items. Residents had access to an outdoor garden and seating area for each house which included a patio area. Since the previous inspection the centre had completed renovations externally with a new fence.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide, which was available to the resident and contained the required information as set out by the regulations. Easy to read versions of information was made available to residents in a format that would be easy to understand. This included information about complaints and safeguarding.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were reviewed regularly by person in charge. The person in charge had identified risks in a number of areas such as lone worker, slip trips and falls, fire safety and choking.

The inspector reviewed the incidents that had occurred in the centre from October 2025 to March 2026. From a review of the incidents it was clear risk assessments had been reviewed to ensure any additional control measures were in place. For example, a resident's risk assessment had been completed and updated to include the addition of a full door now in place in the kitchen area to ensure the residents safety.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, and emergency lighting. Fire systems were being serviced as required by the regulations, including the fire panel, fire equipment and lighting.

Staff also completed regular checks on fire systems in the centre. Each resident had an up-to-date personal emergency evacuation plan (PEEP) in place.

The inspectors reviewed the fire drills that had taken place in the previous twelve months to reflect that a drill had been completed to ensure residents could be

evacuated safety with minimum staffing this place. At night the centre has one staff in each of the three houses on duty. As the centre is located in a campus setting, staff are nearby to assist. The centre had included this in their evacuation plan. However, no documentation was present to ensure a minimum staffing drill had been completed in two of the houses.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed six residents' personal plans, which contained a clear assessment the supports required by residents. They were found to be comprehensive and for the most part kept up to date. Some review was required to ensure all aspects of the plans were reviewed as required. This included a mental health and behaviour assessment and individual rights assessment which were due for review in March 2026. This was highlighted to the person in charge and they confirmed that these would be reviewed.

The personal plans were informed by the residents, their representatives and multidisciplinary professionals as appropriate. The assessments informed care and support plans. These were seen to be in place and reviewed regularly. These plans were seen to be written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on the following:

- Intimate care plans
- Communication
- Identified areas of health where a resident had supports in place.

Residents' plans also identified their goals and aspirations for the coming year and residents had been supported to complete annual personal planning meetings. These were seen to be important and individual to each resident. For example, one resident was making plan to go on their first trip outside of Ireland to visit family. They had been supported with applying for their passport and purchasing a suitcase for the trip. Other residents were being supported with maintaining relationships with family and making plans to meet regularly. Another resident had an identified goal of attending art classes and visiting galleries, on review of the resident's goal this had not been documented since October 2025, however the resident has been experiencing a deterioration in their health. The inspectors seen in activity records that the resident was supported regularly to complete art activities in their home to support their interest.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents had positive behaviour support plans in place. The inspectors reviewed three of these behaviour support plans and saw that they were written in a person-centred manner. The plans identified triggers, proactive strategies and reactive strategies, and a traffic light system was identified to support residents. Two of these plans had been recently reviewed. However, one of the plans had not been reviewed since October 2024. The resident had moved to the centre in late 2025 and the behaviour support plan referenced the resident's previous home. Staff working in the centre had also not signed that they had read the residents plan, although the inspector spoke to two staff members who were aware and familiar of the behaviour support plan in place.

The inspectors also spoke to the person in charge regarding the behaviour support plans in place. They were knowledgeable on the resident's behaviour support plans. For example the person in charge spoke about different triggers or signs for a resident and how they support the resident through this.

A record of restrictive practices in the centre was maintained. The restrictive practices were reviewed on a regular basis to ensure that they continued to be required, and where required, that consideration was given to ensuring that they were the least restrictive and therefore least impact on residents' rights. Restrictive practices in place for residents were discussed at their multi-disciplinary team meetings and team meetings. A restrictive practice log was in place for the centre that reflected the restrictive practices used and this had been reviewed in September and October 2025.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. Policies and procedures were in place to ensure residents were safeguarded. All staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity.

On the day of the inspection, the inspectors were informed there were no open safeguarding plans in the designated centre. An inspector reviewed a safeguarding log in place for previous incidents that had occurred and this ensured that all safeguarding incidents had been reviewed and were closed.

A safeguarding folder was in place in the designated centre. This folder contained information regarding safeguarding, including a managers toolkit about

safeguarding. Safeguarding was discussed at regular residents meeting, and was seen to be an agenda item at team meetings also. Easy-to-read documents were in place for residents to access about safeguarding.

The inspectors reviewed six intimate care plans that were in place in resident's personal plans. These were seen to be reviewed regularly and contained clear guidance to staff and the supports required for residents living in the centre.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially 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 11: Visits	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	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Vincent's Residential Services Group A OSV-0001431

Inspection ID: MON-0041518

Date of inspection: 31/03/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The staff and end time of shifts for waking night staff is now documented on all off duties.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Refresher training for one staff required in management of behaviours that challenge and for one staff in understanding and responding to behaviours of concern has now been completed.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Minimum staffing fire drills has been completed for the two houses. Documentation now in place to reflect fire drills for each of the three houses with minimum staffing.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The resident's behaviour support plan is no longer required and has therefore been archived as advised by the Clinical Nurse Specialist in Positive Behaviour.	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/03/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	14/02/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably	Substantially Compliant	Yellow	03/04/2026

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	07/04/2026