



# 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 N
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	31 March 2025
Centre ID:	OSV-0003172
Fieldwork ID:	MON-0037941

## 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 N is a bungalow located in a campus setting on the outskirts of a city that can provide full time residential care for six residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the centre include a kitchen, a utility room, a dining room, two sitting rooms, bathrooms and a staff office. Residents are supported by the person in charge, nurses and care staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 31 March 2025	09:15hrs to 17:00hrs	Kerrie O'Halloran	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of the registration of this centre. The provider had submitted an application to renew the centres registration in advance of this inspection to the Chief Inspector of Social Services. This application had been reviewed by the inspector in advance of the inspection.

This centre is registered for a maximum of six adults to live in the centre. On the day of the inspection four residents lived in the centre. The inspector had the opportunity to meet three of the residents throughout the inspection day. The inspector spent a short amount of time with the residents. The residents did not communicate verbally. The inspector met one resident as they were relaxing in the sitting room area of their home and had a programme of interest on their computer devise. The resident appeared happy and relaxed.

During the day the inspector met another resident who was being supported by a staff member to go out in the community for the afternoon. the resident sat with the inspector for a short while and appeared happy when asked if they were going out today. Another resident was met by the inspector in a room they like to relax in and listen to the radio. the resident appeared comfortable and the staff informed the resident that they were going to visit their family today. All three residents appeared very comfortable and relaxed in their home and with the support being provided by staff. Staff were seen to support the residents with great care and respect. During the course of the inspection the inspector also overheard the staff interacting with the residents very positively. For example, staff were overheard communicating with a resident about activities for the day.

In addition the inspector had the opportunity to speak with the centre staff and the local management team. The staff were familiar with the residents assessed needs and activities the residents like to do weekly such as eating out, going for walks and going shopping. Staff were familiar with how to support the residents to make a complaint if required. Residents living in this centre had access to day service staff during the weekdays. This supported residents to complete the activities they enjoyed which was beneficial to the residents living here.

This centre comprised of a bungalow set in a campus on the outskirts of Limerick city. Each resident has their own bedroom which was seen to be personalised. The centre had refurbished one of the communal bathrooms since the previous inspection. Residents had a sitting room and dining room, along with a kitchen. The centre had a back garden area available for residents to enjoy. The centre was observed to be well decorated, homely and inviting on the day of the inspection.

The inspector also reviewed four questionnaires completed by the residents with the support of staff describing their views of the care and support provided in the centre. The questionnaires contained positive views of many aspects of the service

in the centre such as activities, bedrooms, meals and the staff team. Residents all indicated that it was a nice place to live, they liked the food and felt safe in their home.

In summary, based on what the staff team and residents communicated with the inspector and what was observed, it was evident that the residents received good quality of care and support in the designated centre. The residents appeared content and comfortable in the service. The staff team were observed supporting the residents in an appropriate and caring manner. Overall there had been a significant improvement noted on this inspection with compliance levels.

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. Overarching findings of this inspection were of high levels of compliance with regulations with minor improvement required to fire precautions. This is detailed under regulation 28: fire precautions in the next section of the report.

The centre was well run and the provider's systems were proving effective at capturing areas where improvements were required and bringing about these improvements. There were systems in place to ensure staff had received training in relevant areas of care and support. The person in charge had ensured that all staff had up to date training in relevant areas. Staff also completed supervision regularly and informed the inspector that they felt supported in their role.

## Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of this centre had been submitted to the Chief Inspector of Social Services in advance of this inspection. The application contained all documentation as required by the regulation and had been reviewed in advance by the inspector.

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. This individual was full time in their role and maintained effective oversight over the designated centre.

Judgment: Compliant

## Regulation 15: Staffing

The provider had ensured that the centre was well resourced and a consistent staff team was in place based on the assessed needs of the residents. The staff team comprises of nursing staff, care assistants and includes a person in charge (CNM2). All shifts in the centre have a nurse on the roster for both day and night.

The inspector viewed a sample of the centres roster from February 2025 into April 2025. These were found to be well maintained and clearly indicated the skill mix of the staff on duty. The centre also had access to staff which provided day service activities to residents during weekdays. These hours were reflected in the rosters provided.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider and person in charge had ensured that staff had access to required training. The uptake of training and refresher training was high in this centre. Staff were completing training in all mandatory training that was identified by the provider. Additionally staff had received training in a number of areas to meet the assessed needs of the residents living in the centre. This included manual handling and dysphagia.

The person in charge had ensured to identify staff that required training or refresher training. This was identified on the training matrix and additionally identified on an analysis form which included the staff name and the training to be completed on that month.

All staff had completed training in fire safety, safeguarding and children's first. Two staff had been identified to complete training in management of challenging

behaviour and this had been scheduled for April 2025.

There were systems in place to ensure that staff were in receipt of regular formal supervision to ensure that they were supported and aware of their roles and responsibilities. The inspector reviewed the supervision matrix in place and found that all staff had completed supervision and in addition to this the next supervision dates had been identified.

Judgment: Compliant

### Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each resident's name, date of birth and date of 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's systems for oversight and monitoring were found to be effective in this centre and were picking up on areas for improvement. Where areas for improvement had been identified an action plan was in place and these were seen to be completed in a timely manner and well recorded. An annual review of care and support had been completed in November 2024. This identified supports required for one resident who lived in the centre at the time the annual review took place. A time bound plan was in place with identified supports and this had been completed on the day of the inspection and this person had successfully transitioned to their

new home. The annual review also contained evidence of consultation with the residents living in the centre.

Six monthly unannounced visits were also being completed as required by the regulation. These were completed in September 2024 and March 2025. Clear action plans arose from these with evidence of progression of actions and actions being completed. For example, in March 2025 audit it was identified disposable toilet brushed and holders to be sourced and dated. This was seen to be completed on the day of the inspection.

Regular monthly staff meetings were taking place in the centre. The inspector reviewed a sample of the minutes of staff meetings from October 2024 to March 2025. Agenda items were in place for each meeting which included restrictive practices, advocacy, infection prevention and control, training required, goals 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. It included all the information as required in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed the incidents in the centre from January 2025. The person in charge had insured that the chief inspector was informed of adverse incidents occurring in the designated centre in a timely manner.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place. There were no current open complaints in the designated centre. A record was available to record complaints and compliments received by the centre. The inspector reviewed the record for 2024 and 2025. The centre had received one complaint since the previous inspection that

took place in June 2024. The centre had a number of compliments received by both students who had completed work placements and family members of residents. Compliments received thanked that staff for the care and support residents receive, along with the support and learning received by students.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider had schedule 5 policies in place. These policies were available to staff. These policies had been reviewed in the last three years as required by the regulation. The provider's medication management policy was due for review in December 2024. The inspector was informed that the provider was reviewing this policy nationally. A cover letter was provided on the day of the inspection which indicated the policy was being reviewed nationally to develop a new policy which would incorporate three policies that the provider uses nationally. A meeting was taking place in April 2025 regarding the development of the new policy. The provider had extended the medication policy dated December 2021 until the new policy was issued by the provider. This was due to be completed in 2025.

Judgment: Compliant

#### Quality and safety

Overall the management systems in place and ensured the service was effectively monitored and provided appropriate care and support to the residents. The inspector found that this centre provided person-centred care in a safe and homely environment. There was a noted increase in the levels of compliance with the regulations during this inspection. Some minor improvement was required in fire precautions.

The inspector reviewed a sample of the resident's personal files. Residents had an up to date personal plan which identified clearly the health and social needs of the residents. These informed plans guided staff the staff team on the supports required by residents.

The inspector found that the residents were supported to enjoy a good quality of life and that they were in receipt of good quality and safe services. The person in charge and staff team were making efforts to ensure the residents were happy, engaging in activities they enjoyed and striving to achieve the goals and lifestyle desired by the residents.

## 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 the house and in the wider community. Residents were supported to go for walks, 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.

Residents had been supported to develop goals for the coming year with the support of staff. These included goals such as planning holidays, day trips and joining clubs. Each resident has an appointed key worker 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 room and dining room. The centre had laundry facilities in place and adequate storage facilities. Residents' bedrooms were seen to be decorated with their own personal items. Residents had access to an outdoor garden which included a patio area to the rear of the centre. Since the previous inspection the centre had completed renovations to a bathroom in the centre.

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

The safety of the resident was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents was discussed at team meetings and informed practice. The person in charge monitored incidents monthly, along with a yearly incident log report.

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 specific to the centre such as, lone worker, use of slings and hoists, maintaining skin integrity and choking.

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/signage.

Fire systems were being serviced as required by the regulations, including the fire panel. For example:

- The fire extinguishers were serviced annually and last serviced in April 2024
- The emergency lighting was serviced quarterly and had been completed in January 2025

Staff also completed weekly checks on fire systems in the centre. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan (PEEP) in place. For example, a fire drill conducted in January 2025 informed it took two staff members and four residents one minute and ten seconds to evacuate the building. No issues were recorded.

The inspector requested to review a fire drill that had taken place in the previous twelve months to reflect that a drill had been completed to ensure residents could be evacuated safely with minimum staffing in place. However, no documentation was present to ensure a minimum staffing drill had been completed. At night the centre has one staff 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.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines.

Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. One staff demonstrated to the inspector how medications were checked once received from the pharmacy. This was completed by two staff members.

The provider had appropriate lockable storage in place for medicinal products. The inspector reviewed one residents medication administration records indicated that medicines were administered as prescribed.

Residents had also been assessed to manage their own medicines but no residents were self-administering on the day of inspection.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' personal plans, which contained their assessment of need. They were found to be comprehensive and up to date. The assessments 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. These were seen to be important and individual to the resident. For example, one resident had a keen interest in walking and their goal was to join a local walking club. Another resident was being supported to do their own shopping and buy gifts on special occasions, from the records reviewed the resident had been supported by staff to buy gifts for a family member for a special day. Some residents were also planning trips and holidays exploring new places during the year.

Residents had an accessible personal file kept in their bedroom. Some information contained in this included a communication passport, goals, their community information, contract of care and a booklet of 'all about me'. Easy-to-read information was provided for residents on any restrictive practices used in the centre, this included personalised pictures. An easy-to-read medication booklet was also in place.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to various members of the multi-disciplinary team (MDT), including psychology, social work, occupational therapy and speech and language therapy. They were supported to attend other appointments as required such as general practitioner visits.

There were detailed health care management plans in place for residents. The inspector reviewed some of these plans. For example, a resident had a support plan in place to support their feeding, eating, drinking and swallow. These plans were detailed and identified information to support staff with the preparation required, the texture required and any items needed to assist the resident during mealtimes.

The inspector spoke to staff and found them to be aware and knowledgeable on how to support residents with health care needs. For example, the inspector spoke to a staff on how they would support a resident with a bowel management plan in place and the staff were knowledgeable on this.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Some residents had positive behaviour support plans in place. The inspector reviewed two 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, a traffic light system was identified to support residents.

The inspector spoke to the person in charge and staff regarding the behaviour support plans in place. They were knowledgeable on the resident's behaviour support plans in place. For example the person in charge spoke about different triggers or signs for a resident and how they support the resident through this. For a resident vocalizations increasing in intensity and volume may be a sign the resident would like a drink, has a pain or has might want a snack. this was clearly identified as appropriate staff interactions on the residents behaviour support plan in place.

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 residents multi-disciplinary team meetings. Local guidelines were in place for the centre that reflected the restrictive practices used and this had been reviewed in September 2024. Easy to read guidance was in place for each resident and identified each restrictive practice. These were seen to be personalised. For example, a resident used a feeding apron and pictures of the resident using their apron were provided in the document.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider ensured residents were consulted and encouraged to participate in how the centre was run and aspects of their care planning. Residents meetings were taking place regularly where meal planning and activities were discussed. Complaints and compliments were also discussed at these meetings. Staff had included advocacy, provider updates and community/world updates as part of the meetings. As the residents in this centre were non-verbal, residents meeting were captured through recording the interaction and reactions of the residents during the meetings.

The inspector found that personal care practices respected resident's privacy and dignity. For example, the inspector overheard staff verbally interacting with residents and informing them of any needs they were attending to for the residents. Residents had intimate care plans in place to support and guide staff on residents needs and wishes.

Residents were provided with a range of easy read documents such as safeguarding and complaints. As mentioned under Regulation 5: Individual assessment and personal plan, each resident had an accessible plan in their bedroom. This had information about the resident's likes and dislikes, communication needs, restrictive practices identified and goals they had planned for the year ahead.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
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 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 9: Residents' rights	Compliant

# Compliance Plan for St. Vincent's Residential Services Group N OSV-0003172

Inspection ID: MON-0037941

Date of inspection: 31/03/2025

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire drill has been completed which demonstrated that residents can be evacuated safely with minimum staffing 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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 practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/04/2025