Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group B
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	27 April 2026
Centre ID:	OSV-0003925
Fieldwork ID:	MON-0041635

About the designated centre

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

The centre provides residential accommodation for six adults with an intellectual disability. The centre is located in a campus-based setting providing various facilities for people with intellectual disabilities in addition to residential accommodation. Accommodation is in a single storey attached house. The house has one sitting room, a kitchen-dining room, five bedrooms, wheelchair accessible sanitary facilities, office and storage facilities. The designated centre is staffed with a team of nurses, care staff and a service manager by day with waking staff in the designated centre by night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 27 April 2026	09:30hrs to 16:40hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

On the day of the inspection, the findings were overall positive. The residents were receiving a good standard of care from a staff team who were aware of and ensured their assessed needs were being met. Some improvement was required in relation to Regulation 5: Individualised assessments and personal plans. This is with regard to resident's record keeping in relation to goals.

The inspector had the opportunity to meet and observe the five residents that were living in the centre throughout the inspection day at different times. The inspector was welcomed to the designated centre by a member of the household staff and shortly after this met the person in charge and three other staff on duty.

Residents living in the centre attended a day service which was located on campus. This was part of the resident's weekly schedule. Residents could attend this service as they wished. Residents were also supported in their home by a day service staff which was available Monday to Friday to complete activities based in their home or community. For example, one resident went out to the shops and was later seen completing table top activities. Staff discussed with the inspector that residents lead their own day and could opt in and out to different classes and activities being completed in their day services.They appeared content and comfortable in the presence of the staff on duty and enjoyed a range of activities on the day such as, table top activities, listening to music, watching television, attending their day service, going for walks and going to use an accessible swing, along with accessing the community.

Residents used various methods to communicate, including verbal communication, gestures, pictorial communication aids, objects of reference and other communication aids. All five residents appeared comfortable in the presence of the inspector and positively interacted with the inspector during the course of the day. The inspector saw that communication of all forms was respected and responded to. The inspector saw kind and caring interactions between residents and staff, and staff were able to use their knowledge of residents and their routines to promote responses.

The inspector had the opportunity to speak with the staff on duty, the person in charge, person participating in management and service manager. Staff and management spoken with were all very familiar of the residents and their needs. They discussed the transport available to the residents to facilitate community access and were found to be knowledgeable of each residents and their support needs.

The inspector completed a walk-about of the premises. They centre was seen to be clean and well maintained. New fencing on the outside of the centre had been completed since the last inspection. Residents had access to an outdoor seating and

gazebo area which they could enjoy. Each resident had their own bedroom which was decorated to their personal preference and had items on display such as important pictures.

As the inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. All five residents had been supported to complete the questionnaires, with support from staff. Residents indicated that they were happy in their home. Residents also indicated that they were happy with the staff team and they had choices in their daily lives. One resident was support to comment that they enjoy having visits from their family in privacy. Another resident was also supported to comment that they are supported to have phone calls with family with the support of one staff member present.

Throughout the inspection, a relaxed homely environment was present in the centre. When residents were in their home, they were seen to be at ease and comfortable with each other and in the company of staff. Staff were seen to be spending time and interacting warmly with residents, supporting their wishes, along with discussing and facilitating their plans and preferences.

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

This was an announced inspection to inform a registration renewal decision. In general, the inspector found that the registered provider was demonstrating the capacity and capability to provide a safe and effective service to the residents living in St. Vincent's Residential Services Group B.

The inspector found that the provider had appropriate oversight systems in place. Audits and reviews were appropriately self-identifying areas in need of improvements. The person in charge worked in a full time role and had a remit over two designated centres. They were present in this designated centre on a regular basis and staff informed the inspector that they felt supported in their role.

Residents were supported by a regular staff team who had completed appropriate training to meet their assessed needs. Nursing supports were in place as per the assessed needs of the residents residing in the centre. The inspector spoke to members of the staff team throughout the inspection. They were found to be very knowledgeable of the residents support needs and the residents daily routines and activity schedules.

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. Some review was required to ensure it reflected the correct bed numbers being registered for the centre. This was clarified during the inspection and the provider confirmed this immediately after the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge was responsible for this designated centre and one other. The person in charge was suitable qualified and experienced for the role. They had a regular presence in the centre and they were aware of their role and the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staff spoken with communicated that they were happy working in the centre, felt well supported and were familiar with the residents' needs when asked. The staff team comprised of nursing staff and health care assistants. The centre also had designated housekeeping staff. There was one staff vacancy on the day of inspection and regular, consistent staff were in place to work these hours.

The staff rota was well maintained and the inspector reviewed a sample of rosters from March to May 2026. The inspector noted a picture version of the staff rota displayed in the centre's hallway for residents to see who was on duty that day.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector completed a review of the staff training matrix. This demonstrated that staff had access to mandatory training and refresher training in areas such as Fire safety, Manual Handling, Safeguarding, Children's First and Understanding and responding to behaviours of concern. In addition to this, staff had completed

training in dsyphasia and manual handling to ensure they were supporting the needs of the residents living in the centre. All staff training and refresher training was up-to-date. All staff were experiencing regular one-to-one formal supervision with their line manager as per the providers policy.

Judgment: Compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge facilitated the inspection process and they were supported in their role by a clinical nurse manager. The inspector found that they were knowledgeable regarding the needs of the residents and the general running of the designated centre.

There were clear oversight systems in place, such as regular audits and reviews, and these were appropriately identifying areas in need of improvements in the service. Action trackers were in place for any identified actions and these were being monitored by the centres management to ensure actions were completed in a timely manner. For example, a mealtime audit identified a menu planner was not displayed for residents and this was documented to be completed the following day. A health and safety audit also identified fire training for staff which was seen to be completed on the day of the inspection.

Six-monthly unannounced audits by the provider had last been completed in December 2025 and an annual review of the quality and safety of care and support had been completed for 2025. The Residents and their family members were consulted regarding their views on the service provided.

Staff meetings were held regularly within the centre with the staff team and management present. These were used as an opportunity to discuss service updates, care planning, risk management and safeguarding.

Judgment: Compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the Regulation was reviewed during the inspection. 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

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational policy in place. The inspector observed that complaints was a standing agenda item for staff team meetings and residents meeting. The inspector observed that there was an easy-to-read complaints procedure in place and the complaints office was displayed in the designated centre.

The inspector reviewed the complaints log. No complaints had been received in the designated centre since 2024. This complaint was reviewed and it had been fully documented and closed. The inspector observed the designated centre had received compliments. A thank you card was displayed from a resident's family.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of areas to determine the quality and safety of care provided, including a review of premises, risk management, individual assessments and personal plans, behaviour support and fire safety. While it was found that all residents were in receipt of a quality service, improvements were required in the area of care planning to ensure that residents' goals and aspirations were appropriately planned and documented.

Overall, the inspector found that residents were safe. Quality assurance methods were ensuring that the centre had appropriate risk management and fire safety arrangements in place.

The inspector observed the premises to be clean and tidy. Residents each had their own bedroom which was decorated with their personal items.

There were adequate arrangements in place with regard to behaviour support as residents that required behaviour support plans had these in place. These plans provided guidance for staff as to how best support residents should they be experiencing periods of distress.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their families. There was adequate space available for residents to meet with their visitors in private if they wished. Some residents received regular visits from family members. Staff also supported residents to visit their family members at home and out in the community. Some residents also enjoyed visiting family for overnight stays.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. Residents engaged in activities in their home and community and were supported to maintain relationships with family and friends. Residents were supported to attend their day service as they wished. On the day of the inspection the inspector observed some residents attending their day service where they would be completing activities they enjoyed. From a review of three residents activity records the inspector observed residents were offered a number of activities both in their home and community such as going for walks, watching movies, listening to music, going to the hairdressers, shopping and attending mass or visiting the church.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met the residents' needs. The centre was found to be well maintained, visibility clean, furnished and decorated throughout. The provider had ensured to continue to maintain the premises and recently the centre had new fencing in place.

Residents had access to laundry facilities and adequate storage facilities were also in place. Each resident had their own bedroom which they had decorated with their personal items.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and was reviewed. The risk register, health and safety audits and a sample of three residents individual risk assessments were reviewed. These were found to be reflective of the presenting risks in the centre and had controls measures in place to mitigate from the risks identified. They were also up-to-date and regularly reviewed.

There were systems in place to record incidents, accidents and near misses. The inspector reviewed the documents for recording incidents. Incidents in the centre had been fully documented and reviewed by the person in charge. Incidents were also discussed at regular team meetings which demonstrated that effective control measures were in place for identified risks and identified shared learning from incidents. There were systems to respond to emergencies with an emergency plan in place and an on-call system.

Judgment: Compliant

Regulation 28: Fire precautions

There was evidence of fire equipment being maintained and serviced regularly by a competent person as required by the regulations. There were exit floor plans and evacuation plans displayed in the centre.

Residents had personal emergency evacuation plans in place. These had been recently reviewed and were clear in identifying the supports residents would require to evacuate safety, such as mobility equipment. The inspector review a sample of the records from February to April 2026 of fire checks that were being completed by staff on a daily and weekly basis. This ensured that all fire exits, panel, equipment and lighting was in working order.

The inspector reviewed the fire drills completed in 2025 and 2026. Fire drills had been completed regularly in the centre to ensure all residents could evacuate safety from the centre. This included stimulated night time evacuation had taken place to reflect the minimum staffing that would be in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessments of need and personal plans for three residents. These were detailed in nature and guiding staff practice. They identified residents' strengths and talents, their care and support needs, their communication preferences and how they make choices and decisions in their day to-day lives.

There were systems in place to ensure that their assessments and plans were reviewed on an annual basis, or sooner where their needs changed.

Residents had goals in place and for the most part these were reviewed regularly and detailed the steps taken and/or planned to achieve them. Two residents had clear records in place pertaining to their goals and actions they were being supported with to achieve them. However, some review was required, as one residents records reviewed did not clearly document the resident's goals. For example, one goal was to support the resident to go on a river cruise, staff informed the inspector that this goal had taken place however it was not clearly recorded to reflect this. Another goal to attend the cinema and other theatre experiences had also not been consistently documented to reflect if the resident was being supported to achieve this in a timely manner. This goal recorded that the resident was supported to go to the cinema once since the goal was developed in April 2025 and had tickets booked for an event this summer.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. Their health and well being was being supported and clear guidance was available with residents having individualised support plans in place for their assessed health care needs. From a review of the three residents' plans, it was evident that, as required, they had access to a general practitioner (GP), and health and social care professionals. For example, they were supported to access dietician, speech and language therapist and consultants in line with their assessed needs. Where treatment and recommendations were made, these were being implemented.

Residents were cared for by trained staff who engaged in continuous professional development, enabling them to support residents in line with their specific health care needs. For example, staff were trained in basic life support. Each resident had an annual health check completed and health actions plans were developed an reviewed as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

A number of restrictive practices were in use in the centre and documentation evidenced clear rationale for their use. It was found that the restrictive measures in place were used only when required. The service had ensured that all these practices were regularly reviewed which ensured use of any restrictive practice in

the centre was required. This review had recently taken place in April 2026. Any use of restrictive practices had been notified to the Chief inspector on a quarterly basis, as required by Regulation 31.

Residents had behaviour support plans in place, when required, and these were subject to regular review. The inspector reviewed three of the plans in place. These detailed proactive and reactive strategies to support residents. Staff had up-to-date knowledge and experience to respond to challenging behaviours and had completed training in the area of behaviour management.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 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	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for St. Vincent's Residential Services Group B OSV-0003925

Inspection ID: MON-0041635

Date of inspection: 27/04/2026

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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Provider's PCP Enabler has met with the staff team on 14.04.2026 and 20.05.2026 to review and update the PCP documentation to ensure all information is accurate and up to date. All PCP goals are now being tracked.	

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 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	20/05/2026