

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 E
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	26 February 2025
Centre ID:	OSV-0003928
Fieldwork ID:	MON-0046114

About the designated centre

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

The designated centre is a single storey house located on a campus setting adjacent to a small town and a short drive from a large city. The house, in which six residents lived, had two sitting rooms, a kitchen, five single occupancy bedrooms, wheelchair accessible sanitary facilities, laundry facilities, office and storage facilities. There was a garden to the rear of the property and day services were also facilitated within the campus. There was also, a self-contained apartment supporting one resident who had their own tea room, sitting room and bedroom with secure garden area to the rear. Adult residents resided in the house full-time. The service provided was a medical model of care and the staff team comprised of nurses, care assistants and household staff which supported residents by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 February 2025	09:30hrs to 16:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre of Group E. The centre was registered with a capacity of six adults. On the day of this inspection there were four residents in receipt of full time residential services.

This designated centre had previously been inspected on behalf of the Chief Inspector in June 2023. The actions identified during that inspection were found to have been addressed by the provider. This included completion of upgrade works to a bathroom to better support the assessed needs of the residents and ensuring the privacy of a resident in their bedroom by placing an opaque film on the glass panel of a bedroom door.

The inspector met with all four of the residents during the inspection at times that suited their daily routine. On arrival the inspector was introduced to one resident who was sitting on a rocking chair watching a television programme. The resident shook hands with the inspector, the staff member supporting the resident explained to the inspector the plans for the morning while including the resident in the conversation. A short time later the resident was observed to wait with one staff member in the hallway, while the transport vehicle was brought to the entrance. The resident was going on a planned shopping trip followed by refreshments in a social setting. Staff supporting the resident were observed to communicate effectively with the resident in-line with their communication passport which was later reviewed by the inspector during the inspection. The staff used words that had a more positive impact for the resident who demonstrated their willingness to listen to staff and understood what they were saying to them. These phrases had assisted in supporting the resident to respond positively to staff when the resident was seeking to go out for a spin in recent months.

Another resident smiled broadly when introduced to the inspector in the staff office. They had already been supported with their morning routine and was going to attend a cookery class in the community with a staff member later in the morning. The resident was also observed to sit with staff members in the dining room and sat with the inspector on one occasion during the day. On return to the designated centre in the afternoon, staff engaged in conversation with the resident and were heard asking the resident how their cookery class went and what they had made.

The inspector was introduced to another resident after they had completed their morning routine. They were just beginning to have their breakfast when the inspector arrived. Staff explained the usual routine that the resident followed and this was observed to be supported by the staff team, including maintaining the resident's privacy and dignity as well as their safety as the resident tended to move at a fast pace. The resident sat at the table in the sitting room on occasions with the inspector during the day. Staff explained that the resident spent time at weekends with family members and how information sharing on preferred activities enjoyed by

the resident assisted with consistent positive experiences and engagement with others in numerous social spaces.

The fourth resident had their own apartment area attached to the designated centre. One staff was supporting the resident during the morning. This allocation of staff resources was reported by staff to be working effectively and assisting the resident to engage more positively in their daily routine. The resident invited the inspector to their apartment at a time during the morning that best suited them. The resident greeted the inspector at the door and chatted with the inspector for a short while. They spoke of how happy they were living in their apartment, they also showed the inspector their television on which they could access their preferred internet channels with music and other interests. The staff member present was observed to be familiar with the resident's preferences and responded to a request by the resident to go out for a walk. The inspector then left the resident's apartment so that they could go out for their walk.

The atmosphere throughout the designated centre was observed to be relaxed and calm. The privacy and dignity of residents was observed to be consistently respected by all staff members. This included respectful greetings, seeking consent before entering private areas and introducing the inspector. There was ample space for residents to spend time with peers if they choose to do so or be alone. Individual interests and hobbies were encouraged. For example, cooking and art classes were available for residents to attend if they wished. Two residents were supported to participate in an advocacy meeting via a video conference that was chaired by the service manager during the morning. Staff were over heard by the inspector to offer refreshments and supported the residents to engage in the meeting.

All staff spoken too were familiar with the assessed needs of the residents. While two staff were relatively new to the staff team they explained how they had been supported by core staff members to become informed and aware of each resident's individual preferences and routines. Staff who had worked in the designated centre for a number of years outlined the improvements that they had observed for some of the residents. For example, a recent change to one resident having their meals in their apartment had resulted in better outcomes for all of the residents. The resident living in the apartment was supported to visit their peers in the main house to have refreshments or hot drinks at times that best suited all parties with a familiar staff supporting them. The inspector was also informed how a staff member supported a resident to make a complaint regarding their access to a specialist dentist to support their specific assessed needs.

The inspector observed a range of information available for residents pertaining to their rights throughout the designated centre. These included easy-to-read leaflets, newsletters, posters and details of who the designated officer and complaints officer was. There was information regarding assisted decision making which included a newsletter. The provider was actively supporting residents to engage in activities which supported their peers to become more informed about their rights. This included reflections from residents in January 2025 on what the term "Respect" meant to them.

All areas in the designated centre were observed to be kept clean and the decor was homely in both communal areas and bedrooms. The provider had a system in place for weekly reviews of the premises with a recent request made for a ramp to be installed on an exit from the apartment to assist the resident to enter /exit the space. On the day of the inspection, workers had arrived to review the works required to complete the action. While there were fire doors in the designated centre the provider is progressing with planned upgrade works throughout the campus which included this designated centre.

In summary, residents were being supported by a dedicated staff team to participate in activities and routines that suited their individual preferences. Person centred care was being provided to ensure each resident was been supported in – line with their assessed needs. Residents were being provided with opportunities to gain confidence and learn skills to aid their personal development, independence and enjoy meaningful activities. Residents were being supported to maintain links with relatives and friends. Staff demonstrated throughout the inspection how each resident's rights were being supported which included ensuring each resident's personal living space was respected by others, their voice was heard and issues were resolved to their satisfaction.

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

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in positive outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to spend their time in the centre and live their lives in the community. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service. The provider had also ensured all actions from the previous inspection by the Chief Inspector of Social Services in June 2023 had been addressed.

The person in charge was not available to meet the inspector on the day of the inspection. However, it was evident the staff team on duty were familiar with the assessed needs of the residents. All documentation that was requested for review was provided throughout the inspection. The person participating in management was also unavailable but a clinical nurse manager familiar with the residents and the designated centre did attend to ensure information or updates were provided to the inspector as required.

The provider demonstrated that they had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry

out their roles and responsibilities in supporting residents in the centre. This included ensuring all staff had up-to-date knowledge on the effective safeguarding of residents while supporting their human rights. Residents were being supported by a core team of staff members. This included newly recruited staff members who outlined the supports they had been provided with by the person in charge and other team members.

During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident sought assistance from a staff member to put on their coat. Another staff member was observed to provide support to a resident while they were having their mid-day meal. The resident had a feeding, eating and drinking plan which required staff to assist the resident. The staff member respected the resident's personal space and remained observant from a distance to allow the resident to independently eat their meal. The inspector observed residents being included in conversations by the staff present during the inspection and their opinion was sought. Residents were given the time, space and opportunity to respond to any questions posed to them during these conversations, while gentle encouragement was also provided to ensure the inspector was made aware of personal achievements and attaining goals .

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents. There was a consistent core group of staff, familiar to the residents working in the designated centre. The person in charge worked full time and their remit was over a total of two designated centres. There was evidence of ongoing review by the provider to ensure adequate staffing resources were available to support the assessed needs of each resident.

- The provision of nursing care was in line with the statement of purpose and the assessed needs of the residents.
- There were no staff vacancies at the time of the inspection. No agency staff were working in the designated centre.
- Actual and planned rosters since the 5 January 2025, eight weeks, were reviewed during the inspection. These reflected changes made due to unplanned events/leave. The minimum staffing levels and skill mix were found to have been consistently maintained both by day and night.
- The details contained within the rosters included the start and end times of most staff. While day service staff were identified as being present three days each week in the designated centre their hours were not reflected. This was discussed during the feedback meeting.

- Delegation of duties and responsibilities were also reflected on the actual rosters, these included staff identified to go on planned outings with residents or to attend planned activities such as cookery classes.
- A flexible approach to rostering staff resources ensured residents were being supported until later in the evenings during the week to enhance supervision and enable engagement in more activities.
- Planned and scheduled training for staff was also clearly reflected in the actual and planned rosters which were reviewed up to 15 March 2025.

The inspector was unable to review any staff files on the day of the inspection as the provider holds these files in a central location.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection 11 staff members including the person in charge worked regularly in the designated centre. This included four nurses, three care assistants and a household staff.

The inspector reviewed a detailed training matrix which indicated all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents while ensuring their safety and safeguarding them from all forms of abuse. These included training in mandatory areas such as safeguarding.

The person in charge had completed a training needs analysis of the staff team in January 2025. Training was booked, scheduled or requested for those who required training or refresher training in areas such as dysphagia for the months following this inspection. The training matrix clearly identified when training requests had been confirmed, or if the staff member was on a cancellation list.

All staff, including new members of the staff team had completed mandatory training in fire safety and manual handling. Five of the core staff team had completed training in understanding and responding to behaviours that challenge. A new staff member was confirmed to attend such training in March 2025.

From the training records reviewed some staff had also completed non -mandatory training such as advocacy, assisted decision making and advanced care directive.

Staff spoken to during the inspection outlined how they had attended supervision with the person in charge during 2024. The annual review for 2024, and the two most recent six monthly internal provider led audits referred to staff supervisions taking place in the designated centre. The person in charge was not available on the day of the inspection to outline how they ensured all staff were being appropriately supervised. This was discussed with the provider during the feedback meeting at the

end of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre.

- There was a management structure in place, with staff members reporting to the person in charge.
- The person in charge was also supported in their role by a senior managers within the organisation.
- The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose. This included weekly and monthly audits which the person in charge had oversight of to ensure all actions were addressed in a timely manner.
- The provider had ensured actions identified in completed audits were addressed in a timely manner. These included the six monthly provider led audits which were completed in March and October 2024. Evidence of areas of good practice were reflected in audit reports which included references to photographic evidence of residents enjoying activities in which they had an interest, such as visiting wildlife parks and other social events. Individual personal plans were described as being well prepared with evidence of goal outcomes and progression. Areas for improvement were also identified and these were evidenced to have been discussed at subsequent staff meetings. This included where goals would benefit from being broken into steps to assist with progression and more opportunities for residents to engage in community activities in the evenings if they wished to do so.
- The provider had ensured an annual report had been completed for the designated centre in 2024. This reflected how residents were being supported in the designated centre. A summary of the views of residents reflected high levels of satisfaction among the residents with their home and the supports available to them. The increasing aging profile of the residents was reflected in the report. Also, the increased collaboration between the residential staff team and activation staff had resulted in more opportunities for residents to engage in community activities of their choice which included training courses such as horticulture and art.
- Staff meetings were scheduled to take place every six to eight weeks in the designated centre. The most recent staff meeting had taken place on 30 January 2025. A range of topics were discussed during these meetings which included staff training requirements, key working responsibilities, audit findings, safeguarding as well as actions to ensure residents were being

supported to attain personal goals, meet friends and engage in activities of their choice.

Judgment: Compliant

Quality and safety

The purpose of this safeguarding inspection was to review the quality of service being afforded to residents and ensure they were being afforded a safe service which protected them from all forms of abuse, while promoting their human rights.

Residents were encouraged to build their confidence and independence, and to explore different activities and experiences. It was evident from observations made by the inspector and a review of documentation throughout the inspection, the staff team consistently ensured each resident was being supported to engage in preferred activities, had a routine that suited their assessed needs and had their voice heard.

The inspector reviewed a number of documents including individualised personal plans, risk assessments and relevant safeguarding information. It was evidenced that these documents were subject to regular review, were reflective of the input of the resident and person centred. Measures in place within the centre demonstrated the staff teams provision of a safe service where all residents were protected from abuse. Individualised personal plans had been updated to reflect the residents current and changing supports needs. This included a range of support needs for each resident with detailed guidance to promote continuity of care.

In addition, it was evident the rights of residents were being supported and where learning was identified this was addressed. For example, during planned upgrade works in July 2024 a resident was being supported in the apartment of a peer resident. This had been discussed with the resident living in the apartment in advance. However, a situation arose and the resident was removed from their home due to concerns relating to the safety of the other resident. The provider and staff team identified that the resident's right to access their own home should always be respected. The management team ensured that going forward clear rationale for any similar decisions should be documented and the advice /input from senior management must be obtained in advance. The resident is also continuing to attend a hub on the campus which provides training for residents in all aspects of their lives including rights and safeguarding.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes.

- Residents also had access to telephone, television and Internet services.
- The staff team were familiar with the preferred methods of communication used by each resident. Concise and up-to-date information was provided in residents' personal plans.
- During the inspection staff were observed to be familiar with individual preferences. This included the use of particular words and phrases to support a resident to engage in activities.
- Staff were observed to respond to residents requests and offer choices known to be preferred to each resident, such as a preferred hot drink or assisting with putting on a particular artist on the television which a resident had an interest in.
- Residents were provided with easy-to-read documents on a range of topics including safeguarding and voting in the general election.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and assessed needs of residents living in the designated centre. The building was found to be clean, well ventilated and comfortable. The communal spaces enabled residents to interact with their peers and staff if they wished to do so. Bedrooms were decorated to reflect the personal interests of each resident in line with their preferences and expressed wishes.

The provider had ensured actions from the previous inspection in June 2023 had been adequately addressed. Upgrade works to a bathroom to better support the assessed needs of the residents had been completed to a high standard.

Further planned upgrade works to replace the current fire doors were part of a campus wide project which included this designated centre. Additional maintenance issues were also identified during weekly maintenance and logged on the provider's internal system. This included the request for a ramp to be installed for one resident to assist with their egress from their apartment.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed different sections of three personal plans over the course of the inspection. Each resident had an assessment of need and personal plan in place. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents had been consulted in the development of their personal plans.

Residents were supported to participate in a range of activities each week which included complimentary therapies. A resident had a relaxation therapy plan devised by a clinical nurse specialist in complementary medicines. The purpose of the plan was documented as enhancing calmness and promoting relaxation for the resident.

Residents were supported by allied health care professionals as required and multi-disciplinary review was occurring as required but at a minimum of annually. Residents care support plans were updated to reflect any changes or recommendations. For example, recommendations made by a speech and language therapist (SALT) following a referral in November 2024 for one resident were evidenced to be known by staff during the inspection.

The inspector was provided with details of progress made in relation to one resident who required the input of a dental specialist and the difficulties that had been encountered. The provider and staff team outlined actions taken to ensure each resident had access to appropriate dental care in -line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage challenging issues. The provider ensured that all residents had access to appointments with allied health care professionals such as, psychiatry, psychology and behaviour support specialists as needed.

Where a resident required a positive behaviour support plan, these were in place. These plans were subject to regular review. For example, one resident's behaviour support plan had been subject to review in January 2025. Recommendations made included providing a dedicated staff member to the resident in the mornings to aid the resident to better engage in their routine and assist with reducing anxiety. This was observed to be in place on the day of the inspection and staff outlined the positive impact for the resident.

Another resident's behaviour support plan had been updated in July 2024. The plan clearly documented the supports to be provided by the staff team to optimise the quality of life for the resident. This included avoiding the use of particular words, avoid disappointments and respect choices being made. The plan outlined triggers and stressors that were known to cause anxiety for the resident. The plan also included scenarios to inform the staff of actions that could be taken in similar situations. This was consistent with the information provided to the inspector when

speaking with the staff during the inspection.

Judgment: Compliant

Regulation 8: Protection

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

- There were no open safeguarding plans at the time of this inspection.
- The person in charge had ensured staff had read and signed documents contained within a safeguarding folder. This included fundamentals of advocacy, the provider's policies on safeguarding and human rights, and a document completed by a member of the staff team titled "Safeguarding you". This provided details for residents about the charter of rights, examples of how residents rights may not be respected and how residents should be included in decision making in their lives.
- Following an incident in July 2024 a concern was identified for one resident. This resulted in the incident being reported to the safeguarding and protection team as well as the Chief Inspector as required by the regulations. The inspector reviewed all of the relevant documentation which included the completed preliminary screening, interim safeguarding plan and formal safeguarding plan. The safeguarding plan was closed in October 2024 following further review and the risk of a similar incident occurring deemed to be low. The details of the status of the safeguarding plan were also documented in the resident's relevant support plan regarding their safety.
- Another resident also had a closed safeguarding plan. However, on the day of the inspection, the inspector was only able to review the safeguarding plan for the resident. The inspector was informed preliminary screening and other documents pertaining to safeguarding plans were to being held in a central location by the provider. This was in -line with the provider's policy. However, the staff team were able to provide assurance that the safeguarding plan had been closed with an update reflecting this in the resident 's safety and awareness support plan. This update documented that the safeguarding plan had been closed out by the safeguarding and protection team dated the 3 October 2024.
- The provider had ensured a policy for the protection and welfare of vulnerable adults and the management of the allegations of abuse was in place and subject to regular review. The current policy had been approved by the provider in May 2024.
- Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.
- The provider also had systems in place to audit safeguarding files of residents to ensure processes were in-line with the provider's policies.

- In addition, safeguarding files were given to the director of services every quarter.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the centre. The residents were supported to take part in the day-to-day decision making, such as meal choices, activity preferences and to be aware of their rights through their meetings and discussions with staff.

- The provider had resources in place to support each resident to attend their preferred activities regularly, this included day services, community groups and social activities. There was evidence of ongoing review of staff resources to ensure residents were being supported to engage in activities in the evenings and at weekends as per their wishes.
- Staffing resources were being provided to support a resident to engage more in social activities outside of their home.
- To enhance the dining experience of all residents, one resident was supported to have their meals in their apartment and visit their peers in the designated centre with a familiar staff at times that suited all parties to ensure regular contact and friendships were maintained in a positive environment.
- Residents were provided with information in an easy-to-read format regarding their right to vote in the last general election if they wished to do so. One resident declined to vote and this decision was respected.
- The provider had effective protocols in place to support residents to manage their finances, this included daily checks by the staff team and oversight by the person in charge. All residents had access to their personal finances.
- The provider demonstrated actions taken and learning for the staff team regarding individual resident's rights to their personal space

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant