



# 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 F
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	30 October 2025
Centre ID:	OSV-0003929
Fieldwork ID:	MON-0048392

## About the designated centre

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

The designated centre is located on a campus setting on the outskirts of a large city. The residential service is full-time. The service supports residents with moderate / severe intellectual disability, who can present with behaviours that challenge. Accommodation is in two single-storey houses. Six residents live in one house and four in the second house. Each house has an entrance hall, two sitting rooms, kitchen and a dining room, personalised bedrooms, sanitary facilities and laundry facilities. Each house has staff toilets and a staff office. There are garden areas to the front and rear. Residents attend campus based day services for activity, development, training and skills. The staff team is nurse led and also comprises qualified care staff.

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

Number of residents on the date of inspection:	5
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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
Thursday 30 October 2025	11:20hrs to 18:25hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

This was an unannounced, risk-based inspection carried out in the designated centre St. Vincent's Residential Services Group F. This designated centre comprised of two homes in a congregated setting in Limerick. This inspection was completed to make a decision about the registered provider's application to renew the registration of this designated centre for a further three year cycle. This inspection was the first unannounced inspection completed in the centre's current registration cycle.

The designated centre was registered to provide residential services to 12 residents. However, only five residents were living in the centre at the time of the inspection. Staff and management in the centre noted that there were no plans to transition or admit any other resident into the designated centre due to the assessed needs of the current residents. However, the registered provider had proposed to renew the registration of the centre for a maximum of 12 residents. This was not in line with the assessed needs of the current residents. This will be further discussed under Regulation 23 Governance and management.

The inspector met with four of the five residents living in St. Vincent's Residential Services Group F on the inspection day. Two of these residents were non-verbal communicators, while a third resident choose not to engage with the inspector. This choice was respected. The inspector also met with staff and management in the centre, reviewed documentation and observed the care being provided to residents in their home to ascertain what life was like for residents in their home. Overall, it was evident that residents received a good quality of care and support in their home.

One resident told the inspector that they liked living in their home. When asked by the inspector what they liked about living in their home they told the inspector 'the staff'. This resident required consistent staffing to meet their assessed needs and it was evident from a review of the rota in the centre that this was provided to the resident. This resident told the inspector that they liked to relax at home, and to go to mass in the church on the campus setting that they lived. Staff spoken with noted that the resident often declined to leave their home to engage in activities, however staff were actively trying to encourage the resident to access their local community for preferred activities as part of the personal planning process. The resident showed the inspector the new boots they were wearing that they had purchased on a recent shopping trip with staff.

Staff and management in the centre also outlined that this resident liked to visit their friends in neighbouring houses on the campus setting in which they lived. Management in the centre noted that the resident had visited them in their office before they met with the inspector. The resident was planning on going to the church on campus to light candles, and they told the inspector when they returned

that they had been to the church before they came home and were supported by staff to have their dinner.

Staff met with during the inspection day were observed to be aware of the assessed needs of residents. For example, staff members noted that routine was very important to one resident. Therefore, the staff members ensured the resident's dinner was ready for them at the resident's preferred time. Staff noted the resident chooses their dinner prior to it being served and that if the resident decides that they do not want this dinner they can prepare an alternative option for the resident. The resident's care plan supported this as it stated that the resident's routine was important to them to support their wellbeing.

One resident was observed to be asleep in a chair in the sitting room when the inspector arrived to their home. Staff noted that the resident can have trouble sleeping at night and therefore they support the resident to rest during the day when they choose to do so. This resident could avail of a day service on the campus setting where they lived, however staff noted that they had requested not to attend on the inspection day and this request was facilitated.

During the inspection day, one resident was observed laminating photographs and postcards which was an activity that they enjoyed. Staff noted that the resident had an interest in castles and regularly visited castles of interest to take photographs which they then printed. Another resident was observed using sensory items and blocks as they sat at a table in their sitting room. Staff noted that this table had been installed recently and that it was positioned so that the resident could look outside as others went about their day.

The residents' homes in the centre had been decorated both inside and outside with decorations in advance of halloween. This added to the atmosphere of the event in the residents' home. Staff members told the inspector that residents in one house had a halloween party. At this party they had made pumpkin soup from a pumpkin one resident had grown in their vegetable patch in the garden.

During the inspection, one resident could be heard vocalising at intervals. This resident was also observed banging a door on a number of occasions. A second resident was present at this time however they did not appear to be impacted at this time. Staff members then supported these residents to have a drink, before going for a walk and a visit to the canteen in the day service.

Staff members spoken with noted that the decrease in residents living in the designated centre since the previous inspection had supported a low-arousal environment which was in line with the behavioural support needs of the current residents. This had a positive impact on the residents' presentation.

Overall, the findings of this inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Capacity and capability

The findings of this inspection indicated that overall, there were sufficient resources in place in the centre to ensure that residents received a safe and good quality of care and support. For the most part, this inspection found a good level of compliance with the regulations. Review was required to ensure that management systems in place ensured that the service provided to residents in their home was in line with the assessed needs of the current residents. This will be further discussed under Regulation 23, Governance and management.

## Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents. Residents were supported by a team of clinical nurse managers, staff nurses and care assistants in their home. From a review of the centre's rota, it was evident that the whole time equivalent of staffing provided was in line with the statement of purpose dated August 2025 and the assessed needs of the current residents.

The inspector reviewed the rota from 28th September to 11th October 2025. It was evident that from this review that the person in charge had ensured that there was a planned and actual rota which clearly displayed the staff on duty during the day and at night. The staff used to cover sick leave was not clearly outlined on the rota for three dates during this period however this was reviewed and amended by the person in charge on the day of the inspection. It was also evident that consistent staffing was provided to meet the behavioural support needs of one resident which staff noted positively impacted on their presentation.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training as part of a continuous professional development program. The inspector reviewed the training matrix for five staff working in the designated centre and noted that staff had completed the following training;

- Fire safety
- Management of challenging behaviour
- Safeguarding of vulnerable adults

- Manual Handling
- Infection prevention and control.

The person in charge had ensured that staff were appropriately supervised. In line with organisation policy, staff members received a supervision meeting twice a year. The inspector reviewed the records of supervision for ten staff members and it was evident that these staff members had received two supervision meetings in the previous 12 months.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had ensured that management systems were in place to ensure that the service provided to residents was safe, appropriate to their assessed needs and consistent and effectively monitored. A number of audits and reviews had been completed to ensure effective oversight of the designated centre. This included the following;

- Accident and incident audit
- Health and safety
- Mealtime audits
- Medicines audit
- Handover audits
- Six-monthly unannounced visit reports.

Increased compliance with the regulations was evidenced during this inspection, since the centre's previous inspection in September 2022. The inspector discussed the actions of the previous inspection report with management in the designated centre. It was noted that residents' access to their local community had improved. This included residents having an opportunity to go shopping for their own clothing which included residents going on a shopping trip to Kildare village. Management and staff members met with during this inspection highlighted that compatibility concerns in the centre had been rectified following the transition of residents from the designated centre. Staff members noted that this had a positive impact on residents as it provided a low arousal environment in line with their assessed needs and behaviour support plans.

An annual review of the quality of care and support provided to residents in their home had been completed in October 2024. This review noted that the reduction in occupancy of both of the centres houses had supported effective safeguarding and afforded the remaining residents a quality and safe service. This review noted that three residents lived in one of the centre's houses and that there were no plans to change this to 'ensure that the needs of the existing residents are adequately met'. However, the registered provider had proposed to renew the registration of the designated centre for 12 residents. Management in the centre noted that there were



no plans to transition or admit any other residents to this designated centre. The provider did inform the Chief Inspector of Social Services they intended to amend the number of bed numbers proposed in their application for registration renewal of the centre in light of the inspection findings. Prescribed information to make this change had not been submitted at the time this inspection report was written.

As part of the centre's annual review, three residents' family members had completed a survey about the service provided to their loved one in the centre. These surveys were noted to be positive about the supports provided in the centre.

Judgment: Substantially compliant

## Quality and safety

The wellbeing and welfare of residents living in the designated centre was maintained by a good standard of care and support. It was evidenced by the high level of compliance with the regulations overall, that a safe level of supports was provided to residents in their home.

A number of restrictive practices were in place in the centre. These had been reviewed in November 2024 and were due to be reviewed once again after the inspection had taken place. Management in the centre noted that they had trialled a reduction of one restrictive practice for a resident however this had been unsuccessful and therefore the restrictive practice was re-introduced. This evidenced that alternative measures were considered with respect to this restrictive practice.

One of the houses had a restrictive practice in place whereby the kitchen door was locked as one of the two residents living there was at risk of choking. It was observed that this lock was engaged when this was resident was not present in their home, therefore the kitchen was not accessible to this resident. When asked, staff members noted that the kitchen door should be opened and reopened the kitchen door until the other resident returned home.

Viewing panels were observed in the bedroom door of residents living in one of the centres house. These were due to be replaced in the new year however as an interim measure these viewing panels were closed to ensure the privacy and dignity of the residents as they awaited replacement of the doors.

## Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported at all times to communicate in accordance with their assessed needs and wishes. Communication assessments had been completed for each resident. Behaviour

support plans in place for residents also included a section on communication with the resident to ensure that staff had guidance on how to communicate effectively with residents in line with their assessed needs. Staff noted that a picture exchange communication system was trialled for one resident with multi-disciplinary support. Although this had been deemed unsuccessful, it evidenced a commitment to ensure aids and appliances were used to promote residents to communicate to their full capabilities.

The registered provider had ensured that each resident had access to telephone and appropriate media including the Internet. One resident had their own mobile phone, while two residents had mobile tablet devices which they used to access the centre's Internet.

Judgment: Compliant

### Regulation 13: General welfare and development

There was evidence in residents' personal plans that they had been supported to access their local community. As previously mentioned, one resident had an interest in castles and they were supported regularly to go to castles to take photographs. Staff members were aware of the preferred routes the resident enjoyed taking to visit these castles as there were pylons on the journey which the resident also enjoyed. Residents had also been supported to attend their local cinema, restaurants and the barbers to have their hair cut.

Staff members noted that two residents often declined activities outside of their home. Although this refusal was not documented, one resident did tell the inspector that they enjoyed relaxing in their home and meeting their friends who lived on the campus that they had known for a long time. This resident was observed walking around the campus on the inspection day. They also communicated that they liked to watch 'cowboy films' which was documented as an interest of theirs in their personal plan. Records of residents' outings showed that these residents had been supported to engage in activities in line with their interests, wishes and personal planning goals.

Judgment: Compliant

### Regulation 17: Premises

Improvements were required to ensure that the premises of the designated centre was of sound construction and kept in a good state of repair internally. St. Vincent's Residential Services Group F comprised of two houses. Both houses were large bungalows with communal areas including two sitting room areas, a kitchen and a

dining room. One of the centre's houses had recently been redecorated and it presented as homely and inviting. For example, residents' photographs were on display, including a resident who had lived in the centre before they had passed away. There was a large garden to the back of this house with one resident being supported to grow vegetables.

Although premises works were required in both of the centre's houses, it was evident that one house required more attention than the other. It had been noted on this inspection completed in September 2022 that one of the houses appeared clinical in nature, and this was observed on the inspection day. A bathroom was observed to have broken tiles and a section of the bathroom floor had been filled with stone to level the surface. An area of this bathroom was covered with timber which had dried adhesive on it. Staff members noted that this bathroom was not currently in use, however it was included in the footprint of the designated centre in the floor plans submitted to renew the registration of the designated centre. A bedroom that was not currently occupied by a resident had damaged flooring. Furniture and paperwork were observed being stored in vacant bedrooms in the centre.

A number of premises issues from the previous inspection had not been addressed. For example, a bedroom that received little natural light and looked onto another designated centre had also been proposed to be registered as a bedroom in the centre's upcoming cycle of registration. It was also noted that a kitchen was to be replaced in one of the centre's houses however this had not yet taken place.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

A number of measures were in place in the centre to ensure the risk of injury to staff and residents was managed in line with the assessed needs of residents. For example, one resident had been provided with a specific bed to meet their assessed needs and to reduce the risk of injury associated with their assessed needs. In line with one resident's behaviour support plan, a pager system was in place to alert staff in neighbouring centres if additional support was required. Staff on duty were aware of these measures and the reasons that they were required.

A risk assessment had also been developed to control the risks with one resident's choice to refuse medicines. It was noted from a review that the timeline for staff to contact management should the resident refuse medicines was not consistent in the resident's risk assessment and their behaviour support plan. Staff members noted that the incorrect time was referenced in the behaviour support plan and this was rectified on the day of the inspection to ensure the system for responding to this risk was consistently outlined in the documentation outlining this support for the resident.

It was noted that a resident had been involved in a choking episode in June 2025. In response to this, a team meeting had been held to discuss the resident's changing need. A risk assessment for the resident had been updated and a multi-disciplinary review was completed. It was also noted on reflection that staff had responded appropriately in this instance, evidencing that appropriate systems were in place to respond to emergencies in the designated centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in the designated centre. A walk around of both of the houses in the designated centre was completed by the inspector. It was evident that emergency lighting was in place in the centre. Fire alarm panels were also observed in each of the centres houses. Fire doors were in place and observed to be closing effectively. One bathroom door was warped and damaged however it was noted that each of the doors in the designated centre were due to be replaced with measurements of the doors having been completed.

Emergency exits in the centre were observed to be free of obstacles that may impede evacuation.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed three of the residents' personal files which included an assessment of their health, personal and social care needs. Records provided also indicated that residents were subject to annual multidisciplinary review. This was also carried out more frequently when required due to changing needs and circumstances. Such findings were in keeping with the requirements of this regulation.

Residents had been supported to identify goals that they would like to engage in as part of the personal planning process. For example, one resident had been supported to complete a cooking course in the local education centre. Another resident was interested in farming and animals. This resident had been supported to engage in a course of social farming, and had grown vegetables in their garden. Staff noted that this resident had won a number of prizes for their vegetables at an agricultural show.

It was evident from the increased levels of compliance on this inspection, and from speaking with staff and management in the centre that the compatibility of the current residents living in the centre was appropriate. This ensured that arrangements were in place in the centre to meet the needs of the current residents

Judgment: Compliant

### Regulation 7: Positive behavioural support

Two of the residents' behaviour support plans were reviewed on the inspection day. These plans contained guidance for staff on how to support residents to manage behaviour that may be challenging. This included triggering events and situations and it was evident that staff members were aware of how to avoid such triggers. For example, staff spoken with noted that a trigger for one resident was being asked to leave the centre to go to day service. Staff on duty noted that the resident chose whether they attended day services each day. On the inspection the resident had chosen not to attend and this choice had been respected by staff members in line with their behavioural support plan which positively impacted the resident. Proactive strategies were also outlined. For one resident this included the provision of consistent staffing which was evident from discussions with staff and management in the centre, and a review of the designated centre's rota.

Positive risk taking was evident to ensure residents could exercise choice and control over their daily lives. For example, one resident was supported to access the campus setting in which they lived independently. They also walked independently to their day service each day.

Judgment: Compliant

### Regulation 8: Protection

A safeguarding folder was reviewed in one of the centre's houses. There were no open safeguarding plans in the designated centre, however this folder did contain records of closed safeguarding plans following allegations of suspected abuse. It was evident from a review of the closed safeguarding plans that actions had been taken to address safeguarding concerns. For example, the addition of a sensory room in one of the centre's houses was an action in one safeguarding plan. This room had been completed and provided an alternative area for a resident to relax in their home. Staff spoken with noted that this was a welcome addition to the residents' home and that it was regularly used by residents.

The safeguarding folder also contained the organisation's policy on the safeguarding of vulnerable adults and process for the management of allegations of suspected abuse.

Intimate care plans had been developed to outline the level of support residents required to meet their personal hygiene needs and to promote their independence in this area.

Judgment: Compliant

### Regulation 9: Residents' rights

Meetings were held with residents regularly in each of the centres houses. From a review of the meeting records in one of the centre's houses it was evidenced that these had taken place on a monthly basis from March to October 2025. The agenda and meeting notes evidenced that discussions included complaints, premises updates and safeguarding. For example, meeting records referenced that one room had been changed into a sensory room to support residents, while garden furniture had also been purchased for the summer months. Residents were also informed of a meeting with others to celebrate International women's day where tea and buns were provided.

In addition to these meetings, advocacy meetings were also held in the centre. Records reviewed evidenced these were completed monthly between April and October 2025. As part of these meetings, staff members had used easy-to-read guidance to outline restrictive practices to residents and the right to vote in the presidential election. This ensured that residents could exercise their civil and political rights and were consulted with decisions relating to their care and support.

As mentioned in the quality and safety section of the report, the inspector observed the use of a restrictive practice that was not in line with the reasons that the restrictive practice had been put in place. This required review.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St. Vincent's Residential Services Group F OSV-0003929

Inspection ID: MON-0048392

Date of inspection: 30/10/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Application to vary has been submitted to the Authority to reduce the number of beds in the designated centre.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Application to vary has been submitted to the Authority which will include internal changes to the floor plan with associated building works which will address the premises required. The application to vary also includes that the room that received little natural light would no longer be designated as a bedroom.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Team meeting held to remind all staff regarding the importance of adherence to restrictive practices. The PIC and PPIM will monitor same to ensure the kitchen door is opened at appropriate times in line with restrictive practices and tracking record in place for same.	

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	27/02/2026
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	27/02/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature	Substantially Compliant	Yellow	14/11/2025

	of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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