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 I
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	21 April 2026
Centre ID:	OSV-0003933
Fieldwork ID:	MON-0041633

About the designated centre

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

The designated centre provides residential services to up to 18 adults with varying degrees of intellectual disability. The designated centre is comprised of three bungalows in a campus style setting. Residents are supported by staff nurses, care staff and household staff. Staffing supports are provided on a 24/7 basis. The oversight of the centre is maintained by an appointed person in charge. The specific care and support needs in the centre is intended to meet for the assessed needs of each individual and in accordance with each individuals personal plan. Each house of the centre comprises of living/dining room, kitchen, utility room, quiet room, six individual bedrooms, two bath/shower rooms with toilet, sluice room, laundry room and staff office.
The provider had added another bungalow to the foot print of this designated centre as an interim measure to facilitate planned upgrade works to the existing three bungalows in this designated centre. While this is a six bedded bungalow, no more than 18 residents will be supported in the designated centre at any time. Familiar core staff from each house will continue to support the residents during their planned temporary relocation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16

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
Tuesday 21 April 2026	09:45hrs to 17:00hrs	Kerrie OHalloran	Lead
Tuesday 21 April 2026	09:45hrs to 17:00hrs	Elaine McKeown	Support

What residents told us and what inspectors observed

From meeting the residents that lived in this designated centre and what the inspectors observed, it was evident that the residents were in receipt of good quality care and support. This inspection was announced and carried out by two inspectors over the course of one day. The inspection was completed to inform the decision making with regard to the renewal of the centre's registration. This inspection had positive findings under the regulations reviewed.

The designated centre comprised of three houses located on a campus on the outskirts of a city. The three houses were all located next to each other. At the time of the inspection the designated centre had sixteen residents living in the centre. The inspectors had the opportunity to visit all three houses and to meet fifteen residents in their homes, along with twelve staff members between the three houses. The inspection was facilitated by the person in charge. Inspectors used observations and discussions with residents, in addition to a review of the documentation and conversations with staff and management to form judgements on the residents' quality of life. Overall, the inspectors found that the provider, management and staff team were proactive in identifying and supporting the residents with their assessed needs both in their home and in accessing their local community.

On arrival to the designated centre the inspectors were greeted by the person in charge and a resident in one of the houses. The inspectors signed into the visitor's book and greeted the resident who was sitting inside the front door of their home enjoying their table top activity. The person in charge informed the inspectors the resident had recently celebrated a milestone birthday and the resident appeared happy and smiling while informing the inspectors they had a party. Shortly after this, during the walk around of the designated centre, the inspectors meet two other residents in their dining room. These residents were enjoying each other's company or listening to music. The inspectors also spoke to staff at this time who spoke about the residents and what they like to do during the day. Later in the morning another resident greeted the inspectors after they had enjoyed a later start to the day as they wished. The resident took one inspector with them as they were going to have their breakfast. The atmosphere in this house was relaxed and calm throughout the day. Staff were very knowledgeable of the supports needs of the residents and throughout the inspection the staff and residents were seen and heard interacting positively with each other with lots of laughing and joking. Residents in this house also had friends visit during the day of the inspection which they appeared to enjoy.

In the afternoon, one inspector visited the second house that comprises of the designated centre, while the other inspector visited the third house. On arrival to the second house, the inspector was welcomed by a member of the staff team and introduced to four of the residents living there. Residents were seen to be relaxing,

drawing and watching programmes of interest. One resident had went out for an ice cream and a drive with a member of staff and they later returned to the centre to have a rest after their time out in the local community. The staff in the house were seen to be knowledgeable of the residents assessed needs. The three staff members all spoke to the inspector about how they support the residents. This house supports residents with a diagnosis of dementia and from a review of a sample of care plans in this house residents were regular reviewed by a multi-disciplinary team.

While the inspector visited this house they observed a behavioural incident. Staff on duty were seen to be very knowledge of the triggers, reactive and proactive strategies in place in the residents behavioural support plan. The resident was seen to be supported in-line with their plan and staff informed the inspector they would be completing the relevant incident reports and notifications in-line with the provider's policy and the regulations.

An inspector visited the third houses where they were introduced to four residents. Here the inspector had the opportunity to speak with staff and the residents about their daily lives, interests and social outings. Residents here enjoyed nights away, spa days, meals out and meeting with family regularly. One resident showed the inspector their easy-to-understand personal plan. This contained a number of documents in an easy-to-read format such as, goals, contract of care, communication passport, their ideal day and important pictures. The resident showed the inspector pictures that were very important to them and of a recent family event the resident attended which was very special.

One resident was attending their day service while the inspector visited however later in the inspection day both inspectors returned to this house to visit this resident as they had asked to meet the inspectors on the day. The resident appeared excited and happy to meet the inspectors. The resident had moved to the centre in 2025. The resident had initially come to the centre for a short term rehabilitation stay and then requested to remain in the centre as they were happy and enjoyed living there. The resident said they were happy in their new home. Staff supported the resident to tell the inspectors about their likes and activities they enjoy. The resident was supported to get a mobile phone which they were very pleased about as it supported them to stay in contact with family members, including ones that lived abroad.

As the inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Fifteen residents had completed the questionnaires, with support. Feedback that was received in the questionnaires was noted to be overall positive and very happy with the service and support being provided. Residents indicated that they were happy in their home, with a number of residents saying they liked their bedrooms. Residents indicated that they were happy with the staff team and it was noted that residents enjoyed getting out in their local community on a regular basis for meals out, shopping and coffee.

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

The findings of this announced inspection were that residents were in receipt of a good quality of care and support. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews.

There was a clear management structure in the centre which was outlined in the statement of purpose. Supervision and support to the staff team was being provided. There was an on-call service available.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider visits every six months and an annual review. Through a review of documentation and discussions with staff, the inspectors found that the provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection.

The centre was staffed in-line with the statement of purpose. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, induction, probation, supervision, training and opportunities to discuss issues and share learning at team meetings.

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

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in place at the time of the inspection were in line with the needs of the service. The inspectors found that the management and staff team were aware and had adjusted to the assessed support needs of the residents living in the centre.

An inspector reviewed a sample of the planned and actual roster in place from April to May 2026. The roster was well maintained and provided an accurate reflection of the staff employed in the centre at the time of the inspection. All planned and unplanned leave was covered with internal relief staff to ensure continuity of care and familiar staff was provided to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that staff had the training, knowledge and skills appropriate to their roles. They received support and supervision to ensure good practice in the centre.

An inspector reviewed the staff training matrix in place for 26 staff members who worked in the three houses that comprised of the designated centre. Each staff member had completed training in a number of areas to ensure they could support the assessed needs of the residents living there. This included training in fire safety, safeguarding, manual handling, managing challenging behaviour and understanding and responding to behaviours of concern. One of the houses also supported residents who had a diagnosis of dementia, staff here had completed dementia training and discussed with the inspector the supports they have in place, such as a clinical nurse specialist in dementia.

The inspectors reviewed supervision matrix in place. It was evident that it was being completed in line with the provider's policy. Relief staff were supported with an

orientation of the designated centre, the inspector reviewed these records which were in place for all relief staff working in the centre.

Staff who spoke with the inspectors said they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of the centre or residents' care and support. They spoke about the provider's on-call system and the availability of the person in charge or person participating in management if they required support.

Judgment: Compliant

Regulation 19: Directory of residents

An 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

The inspectors found that the management structure was in-line with the statement of purpose. From a review of documentation and discussions with staff, there were clearly identified lines of authority and accountability amongst the team. This meant that all staff were aware of their roles and responsibilities to deliver a safe and good quality service.

The person in charge was present in the centre and demonstrated good monitoring and oversight of the centre. For example, they were completing actions from audits and reviews that had been conducted in the centre. Since the last inspection of the

centre that took place in June 2025, the provider demonstrated an improvement in compliance with the regulations.

The inspectors reviewed the last two six-monthly reviews and annual review by the provider. In addition, a sample of audits were reviewed that were identified on an audit schedule for 2026 and were completed or overseen by the person in charge. The actions from these audits and reviews were tracked, clearly recorded when completed led to improvements in the environment and the oversight of procedures and documentation in the centre. For example, it had been identified that some staff required training in an internal review completed and on the day of the inspection all staff had all training completed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that the admission of residents to the designated centre was determined on the basis of transparent criteria in-line with the centres statement of purpose of the centre. The registered provider had policies and procedures in place in regards to the contracts of care to be provided to the residents. The registered provider had a contract of care in place for residents.

The inspectors reviewed a sample of the contracts for residents who had transitioned to the centre in 2025 and 2026, along with resident who had lived in the centre for a number of years. The contracts in place were clear and were signed by the resident, resident representative and service manager. The contracts outlined the support, care and welfare the residents would receive as a residential service in the centre. Resident's fees were also clearly outlined.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. An inspector reviewed the statement of purpose which had recently been reviewed in April 2026. This included all the required information and adequately described the service.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspectors preparation for the inspection, they reviewed the notifications submitted by the provider to the office of the Chief Inspector. On the day of the inspection an inspector also reviewed the centres incident log. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of any use of a restrictive practice within the centre on a quarterly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had good systems for the management of complaints in the centre. A complaints procedure was in place which described the procedures to follow when making a complaint and this procedure was clearly displayed in the centre. An easy read complaints form was in place for residents. At the time of the inspection there were no open complaints for the centre. The complaints log template was reviewed which identified in 2025 to the time of the inspection in April 2026 four complaints had been received. There was a reporting structure in place for complaints, which had been effective in resolving the complaints recorded and these were closed.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents had opportunities to take part in activities and to be part of their local community. They were supported to spending time with their families and friends, and have visitors as they wished to their home.

The inspectors reviewed a sample of residents' assessments and personal plans and found that these documents positively and accurately described their needs, likes, dislikes and preferences. Residents were accessing health and social care professionals in line with their assessed needs. There were a number of restrictive practices in place and these were being regularly reviewed to ensure they were the least restrictive for the shortest duration.

Residents' rights were promoted and upheld in a number of areas across the centre and these are discussed further under Regulation 9: Residents' Rights.

Regulation 10: Communication

The inspectors reviewed five of the resident's communication plans. These plans were clear and contained information specific to the communications needs of the residents. Residents in this centre presented with assessed communication needs. Residents used various methods to communicate including verbal communication, gestures, pictorial communication aids, objects of reference and other communication aids.

Residents had communication dictionaries developed in their personal plan, this clearly identified words/gestures/interactions a resident may use communicate and what these mean. Residents also had hospital passports in place which clearly documented their communication needs. A staff member spoken with informed the inspector how informative these documents are and it supported staff in facilitating the resident's communication needs.

The inspectors saw that communication of all forms was respected and responded to. The inspectors 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.

Judgment: Compliant

Regulation 13: General welfare and development

The residents were supported to participate in their local community. Regular residents meeting were taking place. These meetings discussed meals and activities for the week ahead. Residents meeting also kept residents informed and up-to-date on information regarding their home and any provider updates. For example, residents had been informed of this announced Health Information and Quality Authority (HIQA) inspection and informed of the inspector's names.

Residents enjoyed a range of activities both in their home and in the community such as going for walks in local parks, enjoying meals out, going to the hairdressers, attending their days services, shopping, relaxing in their outdoor garden areas, playing ball with staff, going to concerts and shows. The inspectors observed the residents enjoying various activities on the day of the inspection.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and homely and meet the assessed needs of the residents living there. The property consisted of three detached bungalows. The bungalows comprised of single occupancy bedrooms for residents, a kitchen, dining room, living room and bathrooms. All bungalows were well furnished. Residents has access to laundry facilities. Storage was also in place for residents. Each bungalow was also seen to be fully accessible to the residents living there and the provider had put in place measures to support this. For example, a kitchen area had a lower counter top for residents to access comfortably. Another bungalow also had works completed to expand a bedroom in order to make it more accessible.

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 25: Temporary absence, transition and discharge of residents

In 2025 and 2026 residents had transitioned into the designated centre. One house completed renovation works in 2025 and on the day of the inspection five residents were living there. One of these residents had recently transitioned to the service. Another house also had a resident move into the centre on a permanent basis after they had been admitted for a short term stay for rehabilitation in 2025.

The inspectors had the opportunity to meet and observe these residents in their home. The inspectors reviewed a sample of the resident's transition plans in two of the houses and it was seen that residents had a very detailed transition plan in place. This included consultation with the resident about their move and consent from the resident, along with a tracker of visits to their new home and a tracker of supports in place which included easy-to-read documentation. Residents were also supported with a post transition review to ensure residents were happy and had settled into their new home. The inspector noted that residents were supported with their transition by familiar staff.

Two residents in one house are identified to move to a community house in the future. The provider has plans in place for this to take place in 2027. These residents had a plan in place to support them, this included being supported to visit the local area and community the house is located in to become familiar with the area during 2026. The person in charge informed the inspectors that residents will be kept informed of any updates throughout the process.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors visited each of the three houses during the inspection and carried out a walk around of the houses. They observed that emergency lighting, fire- fighting equipment and alarm systems were in place. There were fire doors in place. The inspector reviewed records in place to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment.

An inspectors reviewed a sample of fire drill records for 2025 and 2026. Drills were occurring frequently, and records reviewed demonstrated that the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios. In one house an oxygen sign was not in place to identify the presence of an oxygen cylinder in the house, however this was immediately put in place during the inspection.

Each resident had a personal emergency evacuation plans in place. These were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely. The fire evacuation plan was on display in each house and included different routes for evacuations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were in place and had been developed for residents based on the resident's assessed needs. The inspectors reviewed five residents' plans in place across the three houses visited.

The provider had prepared comprehensive assessments of residents' health, personal and social care needs. Individual plans of care had been developed for each resident. For example, residents who had health care needs regarding their eating and drinking had support plans in place to guide staff. These had been completed by a speech and language therapist and all plans reviewed by the

inspectors had been recently reviewed and contained clear guidance for staff. Residents who were at risk of choking also had risk assessments in place which had control measures in place to mitigate this risk. Residents were supported with annual multi-disciplinary team reviews and more often if requested.

Resident were supported in a personal planning process to identify personal goals or aspirations. It was clear from talking to residents, staff and management and reviewing the documentation in place that residents were being supported to achieve their aspirations. One resident had planned a party for a milestone birthday which they had recently celebrated. While another resident was being support to get to know their new community at their pace as they had moved to the designated centre recently.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices in place. For example, lock presses for medications, keypads on exit doors, bedrails and bumpers and lap straps. From a review of the restrictive practice log in place and the records of the annual review meeting in residents personal plans, these restrictions were regularly reviewed and no less than an annual basis.

There was a detailed restrictive practice database in place. This detailed each restriction, any condition attached such as, tracking logs for when the restriction was used and that the residents was informed of the restriction in place. The documentation reviewed demonstrated that the provider was reviewing restrictive practices on an ongoing basis to ensure they were the least restrictive for the shortest duration.

Residents that required support with behaviours of concern were being supported appropriately, had access to specialists in behaviour management and behaviour support plans were in place. Staff received training in order to support residents manage their behaviour. The inspectors reviewed three behaviour support plans in place. The behaviour support plans in place outlined supportive strategies, information about triggers and guidance for staff on managing situations with responsive strategies. It was evident that there was sufficient detail in the positive behaviour support plans and that staff were familiar with these plans to ensure that residents were protected and supported. As mentioned earlier in the report an inspector also observed an incident where staff used their training and knowledge of the plan in place to effectively support a resident.

Judgment: Compliant

Regulation 9: Residents' rights

There were many ways the centre was supporting residents with their rights. Residents were educated about their rights, supported to exercise their rights and also the provider had implemented some changes to insure improvements were made to systems in place to support residents with their rights. Residents' rights were respected. These are some examples the inspectors observed and reviewed on this inspection:

· Residents meetings and resident's advocacy meetings were taking place on a regular basis. Weekly meetings discussed items such as meal planning and activities for the week ahead. Monthly meetings were held to talk about things that were happening in the centre and were keeping residents informed. Items such as complaints, safeguarding, provider updates and environmental updates were all included as part of these meetings.

· A specific core value was discussed at each monthly meeting.

· Round dining tables had been put in place in each of the houses, this supported the residents to communicate with each other and a comfortable seating arrangement for residents during mealtimes or activities.

· A lower kitchen counter top was in the kitchen of one of the houses. This supported residents using wheelchairs to complete activities such as baking. One resident enjoyed having their meals in this area.

· Minutes of residents meetings documented responses and interactions by residents who were non-verbal or had varying communication needs. This promoted a sense of participation for all residents in the meetings to ensure their input was recorded as per their individual communication needs.

· Staff informed the inspectors resident could decide what they wanted to do or what meals they wanted and any changes would be accommodated for residents.

· Staff supported decision making and person centred care in the designated centre.

· Residents had easy-to-understand folders in place. One resident showed the inspector their folder, this contained a number of easy-to-read documents, for example resident's goals, important pictures, weekly activities, and person centred plans.

· This designated centre on occasions supported other residents from different designated centres with short term stays for rehabilitation when required. There was an easy-to-read document in place and made available residents in the designated centre to inform them of any new admissions and discharges. This also recorded resident's responses and interactions to ensure they were happy and comfortable with this.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant