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:	Unannounced
Date of inspection:	24 June 2025
Centre ID:	OSV-0003933
Fieldwork ID:	MON-0047416

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:	10

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 24 June 2025	08:30hrs to 13:25hrs	Kerrie O'Halloran	Lead
Tuesday 24 June 2025	08:30hrs to 13:25hrs	Lisa Redmond	Support

What residents told us and what inspectors observed

This was an unannounced inspection completed by two inspectors on one day. The purpose of this inspection was a focused risk based inspection to monitor the centre's compliance with the regulations.

The centre comprised of three bungalows on a campus setting. The inspectors visited and remained for the course of the inspection in one of the bungalows that comprises of the designated centre. The inspectors used observations, meeting with residents and staff, and a review of documentation to form judgments on the quality and safety of care and support provided to residents in the centre.

The provider had submitted an application to vary condition 1 of the centres registration and this had been completed in May 2025. This entailed one of the bungalows undergoing renovation works which would be beneficial for the residents who would live there. This was due to be completed in the coming week or so after the inspection. This bungalow remained vacant on the day of the inspection and was not visited by the inspectors.

This centre was last inspected in April 2023. Since the last inspection there had been changes to the residents living in the centre. The previous inspection identified areas for improvement around fire precautions, the provider had submitted a compliance plan and necessary works had been completed to come into compliance with this regulation. The current inspection identified areas for improvement in a number of regulations which will be discussed further in the report.

On arrival to the designated centre, a staff member welcomed the inspectors. The inspectors signed the visitor's book and the staff member informed the staff nurse on duty of the inspector's presence. The inspectors were greet by a member of the household staff who was on duty that day. A resident welcomed the inspectors with a handshake and appeared happy to see them. The resident was relaxing in their sitting room watching television. The staff member informed the inspectors that the resident had recently celebrated their birthday and there was a balloon present in the sitting room, the resident appeared very happy about this and was smiling.

The staff nurse on duty informed the inspectors that on the day of the inspection the bungalow had planned and unplanned leave and two relief staff were assisting in covering these shift. A staff member from one of the other bungalows that comprises of the centre was also present to support the staffing in this bungalow. The inspectors observed that the staff were busy assisting residents in preparing for their day ahead. The staff nurse facilitated the inspection providing the inspectors with information regarding the centre and also information about the residents, along with documentation that would be reviewed by the inspectors.

A resident came to meet the inspectors as they were talking to the staff nurse, the resident appeared happy and comfortable in their home. The resident bought a

table top activity to the inspectors and spent some time with the inspectors. The staff nurse informed the inspector that the resident had completed a goal of a day trip to London which was a big achievement for the resident. The resident would be sharing their achievement the following day in a provider sharing day. This would be attended by management, staff and residents across the organisation. The resident appeared very happy and excited when the staff was discussing this.

Since April 2025 the bungalow visited had two new admissions. The inspectors were informed by staff that one of these residents had been admitted on emergency respite in May 2025. This was to rehabilitate from an injury. This resident's home prior to admission to this centre was another centre located nearby in a community setting which was run by the provider. The inspector had the opportunity to meet this resident and speak to them on the morning of the inspection. The resident had been supported by staff to get ready for the day ahead and staff offered the resident their breakfast or a cup of coffee. The resident requested a cup of coffee which they had while speaking with the inspectors. The inspectors asked them if they were happy in the centre and they said yes they were. The resident spoke to the inspectors about their family coming to see them. Prior to admission to the centre the resident had spent a number of weeks in hospital due to a fracture injury that occurred. The residents personal plan identified the resident had been admitted to the centre for an emergency respite stay, this would be for a number of weeks until the resident would be assessed to return to their own home. The inspectors asked the resident would they like to return to their own home after their stay at this centre to which they replied no. The staff in the centre did inform the inspectors that the resident can find transitions to new places difficult but once the transfer occurs the resident is happy in their environment. The resident requested for an inspector to come into the dining area with them as they had their breakfast. This will be further discussed in the report.

During the course of the inspection one of the inspectors observed the residents in their home. It was seen that the bungalow was a busy environment. The inspector observed a safeguarding incident which occurred between two of the residents living in the bungalow. Staff on duty intervened and supported both residents during this incident. Staff informed the inspectors that they would be completing the relevant incident reports and safeguarding notifications in line with the provider's policy and the regulations. These notifications were received by the Office of the Chief Inspector within the required time frame.

The inspectors had the opportunity to meet the two other residents in the bungalow. One resident was a new admission to the centre in April 2025 for a residential placement. This resident did not interact with the inspectors, but was seen to be happy, relaxed and comfortable in their home. The resident was seen to spend time watching some television and relaxing in the centres living room. The other resident had enjoyed getting up at a later time in the morning. They enjoy this and greeted the inspectors with a smile and a wave showing the inspectors their outfit they had picked for the day.

As mentioned on the day of the inspection the centre had planned and unplanned leave. Staffing was in place to cover this leave, however the inspectors did overhear

staff members discussing a resident's morning routine as they were unfamiliar with the resident and waited for the staff nurse to return to assist them.

The residents living here received and accessed their day service from their home. A day service staff was in place five days a week to assist residents with in house and community activities. On the day of the inspection the staff member was on planned leave. The inspectors seen the residents were supported with activities such as going for walks and visiting a canteen to meet friends which was located on the campus. A number of table top activities were also available to residents on the day. The resident admitted to the centre in May 2025 had the opportunity to continue access their day service if they wished. A staff member informed the inspectors that this choice was given to the resident each day and if they declined they could avail of their day service from their home.

Overall, the residents appeared happy in their home. The staff team were supporting the residents in a caring manner. However some improvement is required to ensure staff are providing observation support for residents as per their assessed needs. This will be discussed further in the report. The inspectors found that the provider was completing regular audits as required. However some areas of improvement was identified in relation to the centres statement of purpose, staffing, governance and management, complaints, individual assessments and personal plans, and residents rights.

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

Capacity and capability

This was an unannounced risk inspection of the designed centre.

The provider had management systems in place that were overseeing and monitoring residents care and support. However some improvement was required to ensure residents personal plans were fully completed and reflected information pertaining to the residents. This will be discussed under regulation 5, Individual assessments and personal plans. Inspectors found that provider audits were occurring as required, such as an annual review and six monthly unannounced visits, actions arising from these were completed or ongoing within the identified time lines.

On the day of the inspection the centre had planned and unplanned leave. The inspectors found that some of these staff on duty were unfamiliar with the routines of the residents and their assessed needs. For example, the inspector observed a period of time a resident was left unsupervised for their meal which conflicted information provided in the residents support plan in place. After the inspection the provider informed inspectors that the speech and language therapist had confirmed

that the resident could be observed by staff from the kitchen area with the door open while the resident was in the dining room during mealtimes. However, both inspectors also observed the resident having a drink in the centres quite room without staff supervision being provided. This was not in line with the residents support plan in place. Relief staff on duty also did not have a completed orientation sheet completed for the bungalow they were working in on the day of the inspection.

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.

Regulation 15: Staffing

The inspectors requested to review a sample of the rosters from the house they visited in the designated centre from the beginning of April 2025 until July 2025. The inspectors were given the roster folder to review which contain the current one week roster. Later in the inspection, the inspectors were given rosters from 29 June 2025 until 26 July 2025. These were the only rosters available to the inspectors at the time of the inspection. The planned rosters in place for the weeks ahead viewed by the inspectors were clear and identified sufficient staffing in place. However review was required to ensure actual rosters for previous weeks would be available for review in the centre.

On the day of the inspection two of the provider's relief staff were providing cover for planned and unplanned leave for this bungalow. The leave was clearly identified in the roster reviewed, however review was required to ensure relief staff working in the centre was clearly identified on the roster.

Nursing care was in place in this house as per the residents assessed needs and the centres statement of purpose. On the day of the inspection, relief staff appeared unfamiliar with the residents assessed needs and routines. For example, staff members were overheard discussing the morning routine for one resident and agreed to wait for the staff nurse to assist them. As mentioned under capacity and capability, an inspector observed a period of time a resident was left unsupervised for their meal which conflicted information provided in the residents support plan in place as supervision for all meals and drinks was required. After the inspection the provider informed inspectors that the speech and language therapist had confirmed that the resident could be observed by staff from the kitchen area with the door open while the resident was in the dining room during mealtimes. However, both inspectors also observed the resident having a drink in the centres quite room without staff supervision being provided. This was not in line with the residents support plan in place. Relief staff on duty also did not have a completed orientation sheet completed for the house they were working in.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had management systems in place within the designated centre. A full time person in charge was in place in the centre. On the day of the inspection the person in charge was on planned leave. The inspectors did have the opportunity to meet the centres person participating in management. The staff nurse on duty on the day of the inspection told the inspectors they report to the person in charge.

An organisational structure was in place for this centre that was outlined in the centre's statement of purpose. This structure provided for lines of accountability and reporting from front-line staff to the provider's board of directors.

The provider had ensured the designated centre was subject to ongoing review. The centre had completed a number of audits. This included audits which the person in charge completed and had oversight of to ensure actions were addressed in a timely manner. These audits included a pharmacy audit completed in November 2024, staff medication competency audit which was completed for ten staff in January 2025, mattress audit in March 2025. A student evaluation audit was also completed in January 2024 which identified positive responses from students who had completed placements in the centre. The students complimented the centre with their facilitation of learning for students.

The provider's most recent annual review was completed in November 2024 and had consulted with residents and their representatives. The provider had also completed six-monthly unannounced visits to the centre in October 2024 and May 2025. This contained positive responses from residents living in the centre who were reported to be happy and content. Actions had been identified for the centre such as contracts of care to be updated which had been completed and new kitchens for two of the centres houses which had a time line in place and identified as part of the providers service plan.

Some improvement was required in relation to the governance and management of the centre. The following required review:

- The inspectors reviewed the staff team meeting minutes. Two team meeting minutes were available on the day of the inspection, these had taken place in January and March 2025. The provider's six-monthly unannounced inspection did indicate a team meeting had taken place in May 2025 but these minutes were not present on the day of the inspection. From a review of a residents interim safeguarding plan it identified team meetings would take place in the centre on a four to six week basis.
- From the March team meeting it was discussed that relief staff working in the centre would have an orientation record completed. The inspectors reviewed the orientation folder in place in the house visited and it was seen that the

two relief staff working in the house that morning had no orientation record completed. The most recent orientation record for a staff completed was April 2025.

- Staff informed the inspectors that one resident was admitted to the centre for emergency respite to recover from an injury. The centres statement of purpose clearly states the centre does not facilitate emergency respite admissions. The day following the inspection the service manager informed the inspectors that the admission of the resident to the centre was for short term rehabilitation. This required review to ensure staff were aware of the rational for the resident being supported in the designated centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had not ensured that the admission of a resident to the designated centre was determined on the basis of transparent criteria in line with the centres statement of purpose. 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 the contract for one resident who had recently transitioned to the centre in May 2025, due to an emergency admission in the centre for respite. The contract in place for this resident was a contract of care residential services and was signed by the resident, resident representative and service manager in June 2025. The contract stated the provider was pleased to offer or continue to offer supports and residential accommodation in the named bungalow of the designated centre. The contract did outline the support, care and welfare the resident would receive as a residential service in the centre. However the resident had been admitted for an emergency respite stay to recover after an injury. The contract in place was reflective of a residential service. The provider had held an admission, discharge and transfer committee meeting on the 13 May 2025. Here is was identified the possibility the resident would transfer to the centre for a period of eight weeks to recover. The resident was unable to return to their previous home to recover as additional staffing support was required for transfers. The resident had a multidisciplinary meeting in the 12 May which was in agreement with this transfer to support the resident in their recovery. The resident was transferred on the 15 May 2025 from the hospital to the centre.

The inspectors were also unclear as to the fees this resident would now be paying. The provider had outlined fees that residents would pay in the contract, however the resident's financial assessment had not been completed. The inspectors reviewed documentation such as the resident's bank statements present which were from March to May 2025. As the resident transitioned to the centre on 15 May this did not provide information as to any change in the resident's fees. During the feedback meeting following the inspection, the service manager informed the inspectors that no changes to the residents fees would occur as it was a short term

stay for the resident.

Judgment: Not 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. This required review to ensure the centre was operating as per the information outlined in their statement of purpose. The centres statement of purpose states Group I does not facilitate emergency respite admissions. However on the day of the inspection one resident of the centre had been transitioned to the centre from hospital in May 2025. This was identified in the residents' personal plan and by staff as emergency respite for the resident.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Under this regulation certain events in a centre must be notified within specific time frames. A number of notifications had been submitted for this centre since the previous inspection and it was noted that these had been submitted in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

Information about how to complain was in an accessible format for the residents. An easy to read document was in place which provided information to residents on how to make a compliant and the providers processes, however this document required review as it did not identify the complaints officer, this remained blank on the document reviewed by the inspectors. The complaints officer was not was seen to be on display in a prominent position of the house visited by the inspectors.

A complaints log was in use for the recording of any complaints made. This was reviewed by the inspectors and it was seen that no complaints had been made in 2025 for this house. In 2024 two complaints had been made. The follow up to two of these complaints was documented with complaints marked as closed and to the

satisfaction of the complainant.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times.

Residents were being supported to engage in activities that they enjoyed. Further action was required to ensure that improvements were completed in relation to regulation 5, individual assessments and personal plans, residents rights .

Two residents had transitioned to the centre in recent months. The inspectors reviewed the person plans of these residents. Residents had the opportunity to attend monthly residents meeting.

Regulation 25: Temporary absence, transition and discharge of residents

As mentioned in the report, two residents had transferred to one of the bungalows of the designated centre. The inspectors had the opportunity to meet both of these residents. One resident communicated with the inspector verbally. While the other resident was non-verbal they did not appear to wish to communicate with the inspectors, they did appear content and relaxed when observed during the course of the inspection.

One resident that transferred in April 2025 was a planned transfer to the centre for a residential placement. The provider has regular admission, discharge and transfer (ADT) meetings to discuss and review any upcoming transfers, new admissions and discharges. The inspectors reviewed the minutes of these meetings and it was seen that this move had been planned and discussed by the providers committee in November 2024. A social story was also developed for the resident in November 2024. The resident transition plan identified information on dates the resident would visit their new home. A record of visits to the new bungalow was recorded for the resident prior to the initial move. These records indicated that the resident was happy visiting the centre. The resident successful transferred on the 2 April 2025. The transfer took place for this resident as their new home would support care needs of the elderly and this resident was assessed with the providers individual preference needs assessment (IPNA) that it would be a suitable move for the

resident.

Another resident was admitted to the centre on the 15 May 2025. The staff and the resident's personal plan informed the inspectors that this transfer was an emergency respite placement due to an injury of a fracture that occurred in April 2025. For the residents recovery they required additional staffing to assist the resident with transfers. The staffing levels in the resident's home prior to the injury did not have the required staffing levels in place for the residents to return. Therefore the provider held an admission, discharge and transfer (ADT) committee meeting on the 13 May 2025 and it was proposed the resident would transfer to this centre. A business case was also submitted for additional resources and this had been approved from the ADT committee meeting minutes on the 10 June 2025. The inspectors reviewed the transition plan in place for this resident. The resident did not have a transition plan in place and in the residents support plan the transfer was identified as an unexpected move to the centre and the resident was discharged from hospital to the centre for emergency respite while they recover. Staff informed the inspectors that no transition plan was in place for this resident. From a review of the residents daily notes it was identified a social story was developed informing the resident they would be leaving the hospital and moving to the centre. This social story was not present in the residents file, a copy of the social story was provided to the inspectors to review.

However some review was required to ensure both residents had received support with transitions in relation to the provision of information on the services and support available in their new home. For example, both resident had a change in the person in charge in the centre and a new residents guide was in place for the residents, there was no evidence to suggest that residents had been supported with this information.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Under this regulation all residents must have an individualised personal plan provided that should be informed by a comprehensive assessment of residents' health, personal and social needs. Personal plans and assessments are also required to be fully completed within a period of 28 days of admission to a designed centre and reviewed on an annual basis. During this inspection, the personal plans of two residents were reviewed by the inspectors. From these the following was noted:

- The personal plans reviewed contained various assessments which related to residents' needs such as their activities of daily of living, intimate personal care and health.
- Where such assessments identified that a resident had particularly needs or required certain support under any of these areas, a support plan was created which outlined how these needs were to be met or how the support

was to be given. For example, a resident recovering from an injury due to a fracture had updated moving and handling care plans in place identifying equipment needed to support the resident such as slings and hoists. A people handling risk assessment was also in place.

- Both residents' personal plans were available in an accessible format and also contained notes of multidisciplinary meetings. Such meetings had taken place in and were identified as being attended by various health and social care professionals including an occupation therapist and speech and language.
- One resident had an individual preference needs assessment (IPNA) completed regarding their planned transition and it was also discussed and agreed at the residents multidisciplinary meeting. Familiar staff also transitioned to the centre with this resident.
- Goals for residents were also identified through a person-centred planning process. Both residents had goals in place. One residents goals had been developed post admission to the centre.

Aside from goals, from documentation and discussions, residents were engaged in other activities which helped support their personal and social needs. These included maintaining contact with relatives, meeting friends, going shopping, going to the hairdressers, walks in the community and going out for meals. Other residents in the centre were also seen to be completing activities they enjoyed such as, planning successful trips abroad.

Some improvements were required. These included:

- One residents transition document referred to a different resident living in the centre.
- One residents personal plan referred to a different resident living in the centre. For example, the residents night time profile and eating and drinking support plan referenced another residents name.
- One residents file had not been fully completed, some details were present which outlined the residents key staff member involved with the resident to support them.
- One resident had no transition plan in place to support their move to the centre. As mentioned in Regulation 25 Temporary absence, transition and discharge of residents, a social story had been completed to support the resident transition. This was not present in the residents file on the day of the inspection. A copy of this social story was reviewed by the inspectors. The social story had a section to record the date it was completed with the resident and how the resident feels about the move to the centre. As this was a copy there was no evidence that this had been completed.

Each of these residents are discussed further under Regulation 9 Residents' rights.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to safeguard the residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The inspectors reviewed an interim safeguarding plan that was in place for one resident. The inspectors were informed during the inspection that a review meeting had taken place and this safeguarding plan would now be closed.

As mentioned earlier in the report the inspector was present during an incident that occurred on the day of the inspection of a safeguarding nature. The staff immediately responded to the incident and supported the residents. One the residents were reassured, the staff members on duty began to complete incident reports and a referral to the providers designated officer.

Personal and intimate care plans were clearly laid out and provided staff with details on how to support the residents which promoted the residents' rights to privacy and bodily integrity during these care routines.

The provider had ensured a policy for the protection and welfare of vulnerable adults and the management of allegations of abuse was in place and subject to regular review. The current policy had been approved by the provider in May 2024.

Judgment: Compliant

Regulation 9: Residents' rights

The provider has resources in place to support each resident to attend their preferred activities regularly. This included to attend a day service, social, community and in house activities. Residents enjoyed a range of activities in house such as table top activities, listening to music and watching television. Resident enjoyed walks on the campus as well as the wider community. In general staffing resources were being provided to ensure residents were being supported to engage in in social activities outside of their home. The centre had a day service staff in place five days a week.

All the residents met with during the inspection did appear or stated to the inspectors that they were happy in their home. Staff were seen to interact with residents in a kind and caring manner. Staff supported residents to pick out their own clothes and two residents showed the inspector clothing that they had decided to wear that day.

Residents were provided with easy-to-read information. An easy-to-read complaints policy was in place and residents' personal plans viewed and discussed residents right to vote and a consent record was in place if they resident would like to vote.

Some improvement was required to ensure if residents had been consulted with regarding their move to the centre. Residents meetings were taking place monthly

however these did not inform existing residents living in the centre that a new resident would be moving into the centre on a short term basis. While the two residents who moved into the centre had no documentary evidence to support that they were happy with these transitions to a new home for a short term and long term basis.
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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Vincent's Residential Services Group I OSV-0003933

Inspection ID: MON-0047416

Date of inspection: 24/06/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC will ensure that all relief staff working in the bungalow are reflected on the roster and that all relief staff working in the bungalow will have orientation completed.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The minutes from the staff meeting which was held in May 2025 are available for all staff to read. The PIC will ensure that staff working in the bungalow will have orientation completed.	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Provider is formulating a specific Contract of Care for short term admissions for	

rehabilitation.

The resident's financial assessment has now been completed.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose is accurate as this admission was short term and for rehabilitation in line with the Statement of Purpose. The personal plan and the staff on duty had incorrectly referenced emergency respite. The Personal Plan has been updated.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaints officer is now clearly identified by name and photo in the Easy Read Complaints Procedure.

Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:
The Social story is now available in the resident's file.

Residents were informed of the change in Person in Charge in advance of their admissions and this was documented in their individual Personal Plans. This was reiterated at Resident meeting on 30.06.2025.

The Resident's Guide for the designated centre has been discussed with both residents.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC has ensured that all personal plans and documentation have been reviewed and updated. All information contained in the personal plans is now accurate.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents were informed of the change in Person in Charge in advance of their admissions and this was documented in their individual Personal Plans. This was reiterated at Resident meeting on 30.06.2025. IPNA review had been completed on 20.05.2025 for one resident which stated that they were happy and content in their new home. Transition review was scheduled for the other resident and this has since been completed.	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	25/06/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	25/06/2025
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the	Substantially Compliant	Yellow	25/06/2025

	workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2025
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	30/06/2025
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and	Substantially Compliant	Yellow	30/06/2025

	supports available.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	25/06/2025
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	26/06/2025
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2025
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the	Substantially Compliant	Yellow	30/06/2025

	resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/06/2025