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 J
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	01 December 2025
Centre ID:	OSV-0003935
Fieldwork ID:	MON-0047714

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 the outskirts of Limerick city adjacent to a small town. The services provided are to adult residents who have an intellectual disability. The designated centre is comprised of two separate bungalows located in close proximity to eachother. Each bungalow consists of 6 individual bedrooms, a kitchen / utility room, a living room / dining room, a bathroom, a shower room, a laundry / sluice room. Each building has a garden to the rear and car parking to the front. Support to residents is provided by the person in charge, nursing staff, care staff and household staff.

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
Monday 1 December 2025	09:10hrs to 16:10hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This inspection was an unannounced focused regulatory inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). Safeguarding of residents is an important responsibility of a designated centre and fundamental to the provision of high quality care and support.

The inspection was completed over the course of one day by one inspector. The inspector had the opportunity to visit both houses that comprises of the designated centre. In 2025, the provider had submitted applications to vary the centre registration. This has removed a third building which was previously part of the designated centre and reduced the capacity of the centre from eighteen to twelve.

On arrival to the centre the inspector was greeted by a student nurse and resident, and was welcomed to the centre. Shortly after this the inspector was introduced to a staff nurse, care staff and activation staff that were on duty. Another resident was in their living room, the inspector also greeted this resident and introduced themselves. The staff on duty informed the resident about the residents living in house and the plans for the day. Other residents were being supported to get ready for the day ahead or relaxing in their bedrooms.

Shortly after arrival, the inspector meet the person in charge. They showed the inspector around the centre. Overall the centre was seen to be warm, clean and homely. The inspector was informed that areas of both houses had been recently painted and some new soft furnishing. Resident's bedrooms were all seen to be painted and displayed personal items for each resident. Later in the afternoon, the inspector visited the second house that comprised of the designated centre. Again this was warm, clean and homely. Both houses had access to laundry facilities and adequate storage. The inspector viewed the kitchens in both houses. Both kitchens had been identified as requiring maintenance in the last inspection that took place in July 2023. The provider had submitted a compliance plan which outlined these works would be completed in 2024, however on the day of the inspection these maintenance works had not been completed in the time line provided. The inspector did note some kick boards had been replaced in one kitchen. This will be discussed under Regulation 23: Governance and management.

The inspector meet two activation staff in one house in the morning of the inspection. The staff discussed how they support residents to access their local community on a regular basis. Staff informed the inspector that residents living in this house enjoyed being out and about. During the course of the inspection the inspector observed this, as residents were being supported to come and go from their home all day with the support of staff. The inspector met one activation staff in the second house. This staff had just returned back from a shopping trip with one

resident. The staff discussed with the inspector how they had supported the resident to do some Christmas shopping and had lunch out which the resident enjoyed. The inspector met this resident on their return as they relaxed in their sitting room watching some television with their peers.

Staff members were very familiar with the residents assessed needs. Staff spoke with the inspector about residents social and health needs and how they support residents. Staff on duty were aware of safeguarding, how to report a safeguarding incident and types of abuse. A staff member spoke with the inspector about how they support residents to access the community in a safe manner. For example, nursing support is available to support some residents in outings due to their assessed medical needs. On the day of the inspection, the inspector observed and overheard many kind and caring interactions with staff and residents in the centre.

The inspector had the opportunity to meet nine residents living the between both houses. All residents appeared happy and relaxed. From what the inspector observed, residents in the designated centre lead the pace of the day. Where a residents wanted to have a rest this was supported. In both houses some residents were observed to be relaxing either in their bedrooms or in their sitting rooms. Residents enjoyed shopping, going for haircuts, bowling, meals out, attending sporting events and concerts, along with listening to music, watching television and baking. The inspector observed each resident had their picture displayed in their home and had a social role. These roles promoted and encouraged the qualities of each resident. Social roles included for example, a friendship leader, a baker and an events manager. These roles were discussed and promoted at regular residents meetings.

In summary, it was evident that residents living in this centre were comfortable and content in their home and were taking part in activities they found meaningful in their home and in their local community. Overall the inspection found a good level of compliance with some review required under regulations identified in the next two sections of the report.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

The provider had ensured the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the safeguarding needs of

residents. The inspector noted adequate staffing levels were in place on the day of the inspection.

Staff working in the designated centre completed an orientation programme which included instruction and guidance on information regarding the centre. The inspector reviewed a sample of the orientation records for one new staff member and student nurses that were working in the designated centre.

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. However some review is required under Regulation 23: Governance and management to ensure time lines provided to the Office of the Chief Inspector to come into compliance with a regulation are complied with.

Regulation 15: Staffing

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the safeguarding needs of residents. The inspector reviewed a sample of rosters from an eleven week period from October to December 2025.

There were sufficient numbers of staff to meet the needs of the residents both day and night. The roster reviewed showed that the planned numbers and skill mix of staff was maintained and that there was a consistent staff team who were known to the residents. At the time of the inspection, the centre had one vacancy, this was being covered by regular internal relief staff. This ensured residents were familiar with the staff on duty to support them and continuity of care was being supported. This was important to the residents living there.

The inspector spoke and met ten staff members on duty, inclusive of the clinical nurse manager 1 and person in charge. They were found to be knowledgeable in their role and the support needs of residents. They were also familiar and knowledgeable in questions relating to safeguarding of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training. The inspector reviewed the training matrix for all staff working in the designated centre, including relief staff, night staff and student nurses. It was noted that the following trainings had been completed;

• Fire safety

• Safeguarding

• Children's First

• Manual Handling

• Human Rights

The person in charge had ensured that staff were appropriately supervised. In line with organisation policy, staff members received a supervision on a quarterly basis. The inspector reviewed the matrix in place which identified all staff were being supervised on a regular basis. All staff also received annual appraisals.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place to govern the centre and to ensure the provision of a good quality, safe service and to ensure that residents were safeguarded. The provider had ensured that the designated centre was resourced in terms of staffing and other resources to ensure the effective delivery of care and support in line with the assessed needs of the residents.

The inspector reviewed the annual review for the designated centre which was completed in October 2024. The action plan in place was seen to be reviewed and updated with actions status clearly documented. Resident's views had also been sought as part of this audit and were included. Nine families respond to a feedback survey that was issued by the provider and these all reported high levels of satisfaction with the service. The inspector reviewed the compliments log for the designated centre. In 2025 the centre had received 33 compliments from residents, staff, student nurses and families on the support and care provided in the centre.

The provider had a system in place to complete six-monthly announced audits as required by the regulations. An inspector reviewed the audit which had been completed in May 2025. The provider had completed a six-monthly unannounced audit in November 2025 days before the inspection. This was not available to review on the day of the inspection as it was being developed. However the provider did forward it to the inspector a few days after the inspection, along with the 2025 annual review.

The person in charge ensured they had systems in place for the monitoring of actions and compliance within the centre. The inspector reviewed a database action tracker. This tracker clearly identified actions from the providers annual review, six-month unannounced audits and Health Information and Quality Authority (HIQA)

inspections. This tracker had identified the ongoing action for the outstanding premises works for the centre.

In the last inspection that took place in July 2023 it had identified maintenance works were to take place which included the replacement of the kitchen fittings and refurbishment of the kitchens in both houses. The Office of the Chief Inspector received a compliance plan after this inspection which identified that required kitchen renovations would be completed by the 30/04/2024. On the day of the inspection, the inspector was informed that these works to the kitchen had not taken place in the timeline provided. The inspector was informed that these works were outstanding to be completed.

The inspector reviewed the minutes of the team meetings for the designated centre for 2025. It was seen that team meetings were consistently taking place on a bi-monthly basis. These meetings were seen to discuss a range of items such as, safeguarding, complaints and incidents.

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, person-centred and of good quality.

During this inspection, the inspector found that the residents had a good quality of life and were supported to have choice regarding their daily living. Residents were supported by staff to achieve goals and aspirations.

The centre was seen to be clean, tidy and homely. Resident's bedrooms were seen to be decorated with their personal items. Some review was required to ensure the centre had premises works completed. This was reviewed under Regulation 23: Governance and management.

Residents had support and risk assessments in place which had considered their safety and safeguarding. Restrictive practices were in place in the designated centre, these are to be reviewed on an annual basis.

Overall this inspection found that resident were supported to have a meaningful and good quality life. Some review was required under Regulation 5: Individual assessment and person plans and Regulation 8: protection to ensure documentation was being reviewed on an annual basis or when required.

Regulation 10: Communication

The inspector met with residents who had varying assessed communication needs. Resident's primary means of communication did not involve the full use of speech. The inspector observed staff communicating with resident during the course of the inspection. This was seen to be respectful and caring. Staff supporting residents confirmed their choices and asked questions, while also informing them of what was happening. For example, one resident was getting ready to leave the centre in the morning and a staff informed the resident and assisted them with their coat.

The inspector reviewed the communication plans in place for four residents. These plans were clear and detailed in how each resident communicated. It identified if residents were non-verbal and used gestures, body-language and vocalisations to express themselves. One resident used LAMH signs to communicate, their personal plan contained a guidance document which had pictures of the resident doing LAMH signs that they used and what each sign meant.

From the personal plans reviewed, residents had communication dictionaries developed in their personal plan, this clearly identified words the resident may communicate and what these words mean. The staff spoken with informed the inspector how informative this was and it supported staff in facilitating the resident's communication needs.

The inspector saw that communication of all forms was respected and responded to. The inspector saw kind and caring interactions between residents and staff, and staff were able to use their knowledge of residents and their routines to promote responses.

Judgment: Compliant

Regulation 17: Premises

The inspector walked around the premises of the designated centre which comprised of two buildings. Both building were of a similar layout and contained communal spaces such as, a living room, relaxation room/sitting room, bathrooms and toilets. Each resident had their own bedroom which was observed to be recently painted and new soft furnishings, such as curtains in place. Resident's bedrooms were personalised with their own items. Some residents were observed to be relaxing in their bedroom watching programmes of interest. One building had a sitting room which had been adapted to suit the assessed needs of the resident living there. The other building had a relaxation room, when the inspector visited this house one of the residents was enjoying this space.

The centre had ongoing maintenance which was overdue to be completed. This was the refurbishment of the kitchens in both of the houses. This was identified under Regulation 23: Governance and management.

Residents had access to an outdoor patio and green area surrounding the premises. Adequate storage was also available in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place and processes in place for risk management at this centre. There was a policy in place for risk management. The centre had a risk register for the designated centre in place and these risks had been reviewed recently.

Resident's had individual risk assessments in place, where risks to their well being and safety were identified, assessed and in general kept under ongoing review. The inspector reviewed a sample of seven risks in place for one resident. These risks had identified controls measures and had been reviewed in November 2025. An example of a risk reviewed was for behaviour of concern, some control measures included staff training, behaviour support plan in place, regular multi-disciplinary meetings and staff support. The person in charge discussed with the inspector regarding how the control measures effectively support to reduce the risks in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments related to safeguarding, positive behaviour support, communication, social and personal development and personal care plans. The personal care plans guided staff in the assessed needs and supports for each resident.

The inspector reviewed a sample of four residents' personal plans. Overall, assessments and plans were person centred and evidence based. Where a resident had an identified health care need this was clearly recorded and supports in place. Some review was required to ensure all documents to support a resident were updated, For example, at the time of the inspection one resident had been undergoing review by a medical professional for their skin integrity. Supports were identified to assist the resident with this and a risk assessment was in place. However the resident's waterlow pressure ulcer record had not been reviewed since August 2024. This required review.

The inspector reviewed residents intimate care plans. For the most part these were seen to be reviewed regularly and contained clear guidance to staff and the supports required for residents living in the centre. However, one intimate care plan reviewed by the inspector had last been reviewed in August 2024.

Residents had been supported with an annual planning meeting which supported the resident in goals they would like to achieve and a review of the year that had passed. Residents had identified goals such as planning to attend concerts, sporting events and developing personal roles. Goal recording sheets were in place and staff supported residents with their goals and documenting progress on their goals. The centre had a proactive approach as residents who had set goals in the weeks prior to the inspection were already actively being supported to achieve them. For example, residents who wished to attend concerts and sporting events had done so in recent weeks. Resident's plans had pictures in place of progress they had made with their goals. One resident had been support to attend an important family wedding and the staff in the centre support the resident to achieve this wish.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector reviewed two of the resident's behaviour support plans. One of the plans had been reviewed in August 2025. These 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. The other behaviour support plan reviewed by the inspector contained similar guidance to staff with a traffic light system. This document in place on the day of the inspection in the residents plan was dated as reviewed in January 2024. The person in charge identified an email which highlighted that the plan had been reviewed in September 2025 by the providers behaviour support therapist. The reviewed copy of the plan was not available on the day of the inspection. The inspector was provided with rational for the delay of receiving the updated behaviour support plan. However this required review as the residents behaviour support plan had been overdue review.

There were restrictive practices in place for this centre. The provider had ensures these practices were notified to the Office of the Chief Inspector on a quarterly basis. The inspector reviewed the designated centres restrictive practice register which contained a full record of all restrictive practices in place in the centre. This had last been reviewed in November. A per the providers policy promoting a restraint free environment, which was last reviewed in May 2025, all restrictive practices were reviewed annually.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. Policies and procedures were in place to ensure residents were safeguarded. Staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity.

On the day of the inspection the inspector was informed there was no open safeguarding plans in place for the centre. The inspector reviewed two safeguarding plans. One for a safeguarding incident in 2024 and another in 2025. The inspector seen that the provider had good systems in place which ensured safeguarding procedures were in place and the person in charge had ensured that the procedures in place to support such incidents were followed. For example, both safeguarding incidents reviewed had ensured safeguarding plans in place. These safeguarding plans had been reviewed within the dates identified in the plans. Plans were also documented as closed and the date the safeguarding plan closed.

The inspector reviewed intimate care plans that were in place in resident's personal plans. These were seen to contain clear guidance to staff and the supports required for residents living in the centre. One intimate care plan reviewed by the inspector had last been reviewed in August 2024, this was discussed under Regulation 5: Individual Assessment and personal plans.

A safeguarding folder was in place in the designated centre. Safeguarding was discussed at regular residents meeting, and was seen to be an agenda item at team meetings also. Easy-to-read documents were in place for residents to access about safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was had access to activation staff which supported residents with their daily activities in the community and in their home. Residents were supported with ongoing review and discussions to identify preferred activities and their choices listened too. On the day of the inspection the inspector had the opportunity to meet the activation staff on duty. One staff member discussed with the inspector how they had supported a resident to go do some Christmas shopping which they had chosen to complete.

Residents were supported to be involved in regular residents meetings. These meeting included monthly advocacy meeting, along with weekly and monthly residents meetings. A sample of these meetings were reviewed for 2025 and seen to

take place regularly. These meetings discussed complaints, safeguarding, social roles, environmental updates, meal times, activities and advocacy. Residents also had social roles in their homes. The person in charge discussed with the inspector regarding how these roles were important to the residents and staff supported them each to sustain and develop their roles. For example, one resident was a baker/cook and was supported to do this activity. While another resident was a brother and this was important to them.

Residents were consulted with regularly about their lives and about the service they lived in. Monthly residents meetings included service updates and environmental updates. This included any information about the service or the house they lived in. Residents also had consent sheets in place in their personal plans for the taking or videos and photos and consent for their intimate care plans in place.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

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

Compliance Plan for St. Vincent's Residential Services Group J OSV-0003935

Inspection ID: MON-0047714

Date of inspection: 01/12/2025

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: The refurbishment of both kitchens is planned for 2026 in consultation with the providers Occupational Therapist and frontline staff to ensure appropriate design. Costings for same have been completed.	
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 intimate care plan and waterloo scoring have now been reviewed and updated and next review has been scheduled.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	

The updated Behavioural Support Plan has now been received and is located in the Resident's Personal Plan.

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 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	24/04/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently	Substantially Compliant	Yellow	02/02/2025

	than on an annual basis.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	09/12/2025