



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 O
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	22 October 2025
Centre ID:	OSV-0004738
Fieldwork ID:	MON-0039593

About the designated centre

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

The centre provides full-time residential services to adults with a moderate to severe intellectual disability from the age range of eighteen years upwards. The centre accommodates four females in a community setting. The house is managed by staff nurses and care staff who in turn are supported by the nurse management team. St. Vincent's Residential Services Group O is a five bed two-storey house, which is wheelchair accessible and can cater for residents with mobility challenges. The provider aims to provide a high quality, person centred service to residents which meets their social, health, physical and psychological needs. The service aim is to improve the service user's quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible, in their local community.

The following information outlines some additional data on this centre.

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

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 October 2025	09:30hrs to 17:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in the designated centre, St. Vincent's Residential Services Group O. This centre was registered to provide residential services to a total of four residents. The designated centre comprised of a two-storey house located in a suburb of Limerick City. The inspector met with each of the four residents living in the designated centre on the inspection day.

This announced inspection was carried out to make a decision regarding the registered provider's application to renew the registration of this designated centre for a further three year cycle. Overall, the findings of the inspection indicated that residents were provided with a safe level of service and that they had a good quality of life in their home. This was evidenced by the high levels of compliance identified on the inspection day.

The residents had lived together in their home since 2016. It was evident throughout the inspection that residents appeared comfortable as they chatted with staff members and each other. Staff members noted that one resident liked to be called a particular nickname and when staff members used this specific nickname the resident was observed smiling.

On arrival to the centre, the inspector met with two residents who were watching a country music concert on the television in their sitting room, while a third resident was sitting in the kitchen. One resident had already left the centre to go on an outing which was linked to one of their personal planning goals. Staff members spoken with told the inspector that this resident enjoyed travel, and was attempting to visit every county in Munster. It was hoped that the resident may progress their goal to visiting every county in Ireland when this goal was achieved. The inspector met with this resident on their return from their trip.

Three residents sat with the inspector in the kitchen-dining area of their home where staff members provided them with a cup of tea or coffee as they chatted with the inspector. Two residents communicated verbally, while the third resident used gestures to communicate. Staff members on duty supported the residents to communicate with the inspector, and it was evident that staff members were aware of the communication needs of the residents. For example, when one resident was having a drink, staff members used visual aids to remind the resident to take their time when doing so. This support was outlined in the resident's personal plan to meet their assessed needs.

One resident used gestures to communicate to the inspector that they had recently had been to their local hairdresser to have their hair done and that they were very happy with this. Staff on duty had given the resident a blow-dry on the morning of the inspection and it was evident by the resident's smiles and gestures that they were happy with how their hair had been styled. A second resident had been supported to dye their hair, with staff noting that they supported the resident to

express themselves through their hair and appearance as this was important to them.

Resident's engaged in a variety of activities in line with their interests. One resident was an avid gardener, and had recently completed a horticultural course in the local educational centre. This resident had planted flowers in pots which were on display at the front door of their home. The resident was also a member of their local tidy towns. The resident spoke fondly about their wellies, which they wore when they were gardening. Horses were a keen interest of another resident, and they told the inspector that they participated in horse-riding weekly. When showing the inspector their bedroom, this resident showed the inspector a picture of horses that was on display in their bedroom.

Staff spoken with noted that expressing their faith and spirituality was very important to a number of residents in their home. A number of residents attended mass weekly, and were also supported to watch mass on television. Residents often requested to visit their local church to light candles with staff members stating they facilitated these requests. One staff member noted that a resident may ask them to say a prayer with them before going to bed. while another resident was a member of their local choir.

During the inspection day, three residents were supported to visit a castle for a walk, and to go for lunch. As the fourth resident was participating in a goal as part of their personal plan, additional staffing and transport had been organised to facilitate these outings.

Each of the residents completed a survey about the supports they received in their home. The feedback in three of these surveys were complimentary of the staff supporting residents in their home and the supports provided to residents. One resident had stated that they did not feel safe when being supported by staff members to complete the questionnaire. The staff members discussed this with the resident where they communicated that this was due to a peer resident, following a safeguarding incident that had occurred in the centre. It was noted that staff members used an easy-to-read document about safeguarding to discuss this with the resident, and a referral had been made to members of the multi-disciplinary team including psychology so that the resident could discuss this with them. The inspector met with this resident during the inspection where they told the inspector that their home was 'nice'.

Overall, it was evident that residents were supported to engage with their local community in ways that were linked to each resident's likes and interests. The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Capacity and capability

The findings of this inspection indicated that residents received a good quality of care and support in their home that was safe, and promoted their rights and choices. Managerial oversight ensured that areas for improvement were addressed to improve the quality of care residents received in their home. Discussions with staff members highlighted the dedication of the staff team to meeting the assessed needs of residents in a respectful and caring manner.

Auditing in the centre included six-monthly unannounced visits to the centre, health and safety, infection prevention and control, residents' personal plans and interactions between staff and residents. This ensured that there was effective oversight of the quality of care provided to residents in their home.

Team meetings were carried out on a regular basis with evidence from records reviewed that management were present at these meetings. Agenda items included person-centred planning, and previous areas of non-compliance that had been addressed by the registered provider.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that an application to renew the registration of St. Vincent's Residential Services Group O had been completed in a timely manner. Documentation submitted as part of the application included an application form, floor plans outlining the layout of the centre, the designated centre's statement of purpose and the relevant fee. These documents accurately reflected the supports and facilities that residents received in their home.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents. Residents were supported by a team of staff nurses and health care assistants. A house hold staff member was due to commence their role part-time in this designated centre the week after the inspection took place. This role was identified as an action following an infection prevention and control thematic inspection completed in July 2023. Although this role had been put in place after the July 2023 inspection, the recruitment of a new house hold staff was due to an increase in the hours this role was assigned in the designated centre.

The person in charge had ensured that there was a planned and actual rota which clearly displayed the staff on duty during the day and at night. The inspector

reviewed the rota for a three week period from 04 October to 12 October 2025. It was noted that due to unexpected leave, relief staff members had worked in the centre. The relief staff members who worked in the centre were not documented on the rota for three separate dates. However, this was rectified by management in the centre on the day of the inspection, with management being able to identify the staff members who had completed these shifts.

It was noted that there was no set shift pattern in this house as staffing requirements were flexible to activities and appointments. For example, management in the centre noted that nursing staff were not required on duty daily, however they were rostered to support residents to attend medical appointments. Where there were planned activities that residents wanted to participate in, additional staffing could be provided and this was evidenced on the rota.

Judgment: Compliant

Regulation 16: Training and staff development

For the most part, the person in charge had ensured that staff members were supported to access appropriate training as part of a continuous professional development programme. The inspector reviewed the training matrix for 10 staff members and found that all staff were provided with the following training;

- Fire safety
- Safeguarding of vulnerable adults
- Manual Handling.

One staff member was overdue refresher training in the management of behaviour that is challenging. Management in the centre noted that this staff member was a lone-worker, and that one resident's behaviour support plan outlined that all staff should have this training to support the resident.

The person in charge had ensured that staff were appropriately supervised. All staff members were supported to receive bi-annual supervision meetings with either the person participating in management or the person in charge. Form records reviewed by the inspector, all 10 staff working in the centre had received supervision in the previous six months.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a valid contract of insurance against injury to residents living in the designated centre. This insurance policy was submitted as part of the registered provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that management systems were in place to ensure that the service provided to residents was safe, appropriate to their assessed needs and consistent and effectively monitored. This included an annual review of the services provided to residents in their home, which had been completed in November 2024. This review noted challenges faced by management in the centre and how these were addressed. For example, it noted that staff leave had previously impacted the provision of activities to residents however, it was evident from communications with management and staff in the centre that this had been addressed. This had a positive impact on the ability of residents to access their local community, particularly as it was noted that two residents required familiar staffing in line with their assessed needs.

A clearly defined management structure had been put in place in the designated centre. A person in charge was appointed in the centre, who completed the role for a total of two designated centres. This person was absent at the time of this inspection however a person participating in management had been assigned as person responsible as it was expected that the person in charge would be absent for more than 28 days.

The inspector met with each of the three staff working in the centre on the day of this inspection. Staff were complimentary of the supports provided to them by the management team in the centre including the person in charge. Staff communicated that they could raise any concerns or issues to management in the centre, and noted that there were sufficient resources in place to ensure they could meet the health, personal and social care needs of each of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted as part of the centre's application to renew the registration of the centre. This was reviewed as part of the inspection and it was noted that this included all of the information outlined in Schedule 1 of the regulations. This included the services and facilities provided to residents in their

home, and the staffing compliment provided to residents to meet their assessed needs.

Judgment: Compliant

Quality and safety

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

As previously noted, the inspector met with each of the three staff working in the centre on the inspection day. Staff members spoke positively about their role and responsibilities, and it was clear that they knew the residents and their support needs well. Staff members noted that the resident's were 'always out' and that 'they love it'. Residents enjoyed going out for tea and coffee, meals and to shows. Staff members discussed a theatre show residents had attended, noting that they are supported to organise such events as part of the personal planning process in the centre and the likes and interests of residents.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in line with their assessed needs and wishes. Communication assessments for two residents were reviewed on the inspection day. This document outlined that one resident required consistent staffing to support their communication, and it was evident from a review of the centre's rota that consistent staffing was provided. During the inspection day, the inspector observed staff members using communication aids to support a resident with feeding, eating and drinking. It was noted that this support need was outlined in their personal plan.

When one resident spoke about an upcoming visit to see their family, staff members explained to the resident when this was due to take place. This ensured that the resident was informed in line with their communication support needs.

Residents had access to appropriate media to include Internet, television and newspapers. Each of the residents had their own personal mobile phone to contact friends and family as they wished.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents living in the designated centre were provided with opportunities to participate in activities in accordance with their interests. Staff noted that residents chose each day what activities they would like to participate in that day. On the inspection day, residents were supported to visit a castle and were supported to go out for their lunch in a restaurant. In the evening, residents were observed sitting at the kitchen table completing puzzles and chatting with staff and each other.

It was evident that residents were supported to develop and maintain friendships. One resident was good friends with a resident living in another designated centre operated by the provider. Staff spoke about supporting the resident to attend a birthday celebration for their friend. The resident had the invite on display in a prominent location in their bedroom.

Judgment: Compliant

Regulation 17: Premises

The premises of the designated centre is a two-storey house located in a suburb of Limerick city. The centre has a large back garden with patio furniture for use in good weather. The front of the house was decorated with flowers pots and an autumnal wreath. The exterior of the residents' home was well presented and inviting.

Inside, the residents' home had been painted in a variety of colours, and it was decorated with photographs and residents' personal items. A spacious kitchen and dining area was provided, and it was noted that there was plenty of space for residents and staff to relax in this area. Kitchen presses and cupboards were clean and stocked with items for cooking and baking.

Each of the four residents showed the inspector their bedrooms. Each of these had been decorated to reflect the likes and interests of each resident. For example, one resident's teddies were on their bed. While another resident showed the inspector photographs of their family which were displayed in a photo frame on their bedroom wall. It was evident that this was very important to this resident.

It was evident from the walk-around of the designated centre that it was of sound construction and in a good state of repair. It was also evident that it was clean and suitably decorated.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents about the services and facilities provided in the designated centre. This guide included the terms and conditions relating to residency in the centre, how to raise a complaint and the arrangements for visits. This document was available to residents in their home.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had developed a risk management policy. This policy was reviewed by the registered provider in October 2022 and it contained the information specified in Regulation 26, Risk management procedures. Management in the centre noted that an update of this policy was in draft with the director of quality, risk and safety for approval. Further information submitted after the inspection had taken place outlined that the policy had been reviewed on the 18 October 2025.

Risk assessments had been developed in line with the assessed needs of residents. This included behavioural supports and the restrictive practices in the centre. These risk assessments included controls to minimise the risk to residents and staff and it was evident that these controls were in place on the inspection day. This included specific support plans and multi-disciplinary support.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents were protected by adopting procedures relating to infection prevention and control. Health and safety audits completed in the centre included a review of the infection prevention and control measures in place in the centre. The audit from December 2024 was reviewed by the inspector and had included a review of cleaning checklists and weekly legionella prevention. In addition, an infection prevention and control audit had been completed in October 2024 which was comprehensive.

The registered provider had developed an infection prevention and control policy that was reviewed in June 2025.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

It was evident that the designated centre was suitable to meet the assessed needs of each of the residents. The inspector reviewed two of the four residents' personal files which included assessments of the health, personal and social care needs of each resident. It also included a section on the likes and preferences of each resident. For example, it was noted that fashion was very important to one resident and this was referenced by staff members when speaking about the support needs of the resident.

Residents had been supported to develop goals as part of the person centred planning process in the centre. One resident was being supported to develop their role as an explorer, and this aligned with their goal to visit every county in Munster. An easy-to-read personal planning document had been prepared with photographs of the resident visiting different places to support their goal. A second resident was supported to engage in gardening, and had joined their local tidy towns to engage with members of their local community with a similar interest.

Judgment: Compliant

Regulation 7: Positive behavioural support

One resident living in the designated centre had a positive behaviour support plan which had been developed in December 2024. This included key information to support the resident including indicators that they may be stressed. It also focused on proactive strategies such as relaxation treatment to reduce anxiety and enhance calmness by engaging in complimentary therapies. This was also aligned to the resident's personal planning goal where they were supported to engage in complimentary therapies and beauty treatments.

Judgment: Compliant

Regulation 8: Protection

The registered provider had processes in place to protect residents from all forms of abuse. A safeguarding policy had been developed by the registered provider. This policy was reviewed in May 2024, and included information on the types of abuse and guidance for staff on the safeguarding of residents.

There was one open safeguarding plan in the centre. This safeguarding plan was available to staff in the centre to ensure the safety of residents and prevent further safeguarding events occurring. This safeguarding plan had been reviewed on 13 October 2025 to ensure the actions outlined were appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents had the freedom to exercise choice and control in their daily life. It was evident from speaking with residents and staff members that residents chose what they would like to do each day, and that staff were responsive to the choices made by residents. For example, when one resident stated they wanted to leave the centre to go to another location this request was granted.

Easy-to-read information was used to support residents' engagement with their care and support. An easy-to-read document was in place in the centre to explain the upcoming presidential election to residents and to determine if they wished to vote on the election day. Staff members noted that residents had received their polling cards and would be supported to attend their local polling station if they so wished.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	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 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Vincent's Residential Services Group O OSV-0004738

Inspection ID: MON-0039593

Date of inspection: 22/10/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff are now in date for management of challenging behaviour training.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	19/11/2025