



# 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 L
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	23 September 2025
Centre ID:	OSV-0005418
Fieldwork ID:	MON-0039318

## About the designated centre

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

St. Vincent's Residential Services Group L consists of a detached one-storey house located on campus setting on the outskirts of a city. The centre can provide full-time residential support for up to five female residents over the age of 18 with intellectual disabilities. Other rooms in the centre include a kitchen, a dining room, a living room, a television room, a utility room, a sluice room and bathrooms. Residents are supported 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:	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
Tuesday 23 September 2025	08:45hrs to 16:30hrs	Kerrie O'Halloran	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to inform the decision making with regard to the renewal of the centre's registration. This centre was last inspected in June 2023. Overall, this inspection had positive findings and good compliance with the regulations. Some improvement was required under Regulation 16: staff training and development, Regulation 28: Fire precautions, Regulation 26: risk management and Regulation 10: communication.

From what the inspector observed, residents enjoyed a good quality of life and were well supported and cared for in this designated centre. There were four residents living in this centre at the time of this inspection. The inspector had the opportunity to meet all of the residents.

On arrival to the centre the inspector was greeted by the centre's staff and management. The inspector was shown around the premises. The centre was a single story bungalow, located on a campus setting on the outskirts of a city. Residents had access to an enclosed garden area to the rear of the property. Each resident has their own bedrooms which were seen to be clean, with adequate storage and were decorated with residents' personal belongings. Residents had access to communal areas such as kitchen, dining room, living room and television room. There were also two large accessible bathrooms for residents, along with two smaller toilet facilities. Residents also had laundry facilities in their home, the inspector observed the fire door leading into the laundry room did not fully close at all times when checked by the inspector. This will be discussed under Regulation 28: fire precautions.

The inspector met the residents throughout the inspection as on arrival some residents were being supported by staff to get ready for the day ahead. Residents appeared happy and relaxed in their home. Residents living here were non-verbal and some interactions with the inspector were limited. The inspector therefore observed their activities and interactions with staff. Staff were very familiar with the residents communication needs and spoke to the inspector about this. Staff members informed the inspector that one resident enjoyed spending time relaxing in her chair beside the window in a communal room and watching out the window. All staff spoke with great pride about the residents living in the centre and were very proud of each resident's achievements. Staff spoke with the inspector about an overnight trip a resident enjoyed, this was a big achievement for the resident and one the resident enjoyed. The management of the centre showed the inspector pictures of the resident enjoying this trip.

During the inspection the inspector observed many careful and respectful interactions between staff and residents. Such as, one residents support plan identified the resident to be supported at mealtimes in a relaxed quite environment by staff. The inspector observed a staff member supporting the resident with their afternoon meal in a room where they were only present. The inspector also

observed a staff member assisting a resident leaving the bathroom, the staff member asked the resident where they would like to go and gave a choice of rooms in the centre, the resident indicated to the staff where they would like to go and the staff supported them. The staff members were very familiar with the resident's non-verbal cues and gestures to ensure they were supporting resident's wishes.

The inspector had the opportunity to meet staff members on duty on the day of the inspection, including the person participating in management. An inspector spoke to five staff members, which included household staff, care staff nursing staff and day service staff. The inspector found that they were all very knowledgeable about their role and duties in the centre. They also spoke to the inspector about the residents' needs and could describe the rationale for the ways in which they were supporting residents. For example, staff informed the inspector of a residents changing health care needs and how they supported the resident, this information was clearly outlined in the residents support plans and personal plan.

As the inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Two residents had been supported to complete the questionnaires. Two other residents and family views had been received on a providers questionnaire template, the inspector also reviewed both of these. Residents indicated that they were happy in their home. It was also indicated that residents knew the staff in the centre. Family feedback was also positive on the care and support their relative was receiving in the designated centre.

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

There was a clearly defined management structure in place, and lines of accountability were clear. The provider had various oversight strategies which were found to be effective in relation to monitoring practices and in quality improvement in various areas of care and support. For example, the person in charge kept an action tracker updated which identified actions from various audits such as, annual reviews and six- monthly unannounced audits. This tracker was updated if actions were completed and identified a time line for actions to be completed.

The centre had a full time person in charge in place with a remit of two designated centres. The inspector did not have the opportunity to meet the person in charge however it was evident in the documents reviewed and from speaking to staff that they had oversight of the centre and supported the staff team. There was a competent staff team who were seen on the day of the inspection to have kind and

caring interaction with the residents. Staff demonstrated good knowledge of the support needs of residents.

The inspector reviewed a sample of rosters. They indicated that there were sufficient staff on duty to meet the needs of the residents.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

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.

### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

### Regulation 15: Staffing

A planned and actual staffing roster was maintained as required by the regulations. The inspector reviewed a sample of roster from June to October 2025. There was a consistent staff team in place at the time of the inspection. Staff spoken to on the day were knowledgeable in the residents care and support needs.

The inspectors spoke to five staff members. The inspector found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents. For example, they could describe the support required for residents during mealtimes and knew about the specific communication needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff received training in a number areas to ensure the safety and to meet the assessed needs of the residents in the centre. The inspector reviewed the training matrix which identified all staff had received training in areas such as fire training, safeguarding, manual handling, along with other areas such as diabetes training and

dysphagia training. Two staff required training in the management of challenging behaviour, from the training matrix viewed, one staff training had expired earlier in the year and another staff was identified as planned.

The provider had procedures in place in terms of supervision of staff. A supervision schedule was in place for the year. All staff had completed supervision as per the providers own policy.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

### Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with what was in place in the centre during the inspection. Staff had defined roles and responsibilities and the lines of accountability and authority were clear.

From the rosters reviewed the person in charge was present in the centre regularly and there was an on-call service available to residents and staff out-of-hours. The person in charge reported to and received support from the person participating in management of the centre.

The last annual review for 2024 was reviewed by the inspector and found it to include engagement with families though questionnaires, the review was resident focused and identified where actions were required. Examples of actions identified

and that were seen to be completed on the day of the inspection included, a repeated stimulated night time fire drill and risk assessments for falls had been reviewed.

The provider had completed two six-monthly unannounced visits in the last twelve months one in January and July 2025. The person in charge had responsibility for completing a number of local audits in the centre, these included, handover audit, quality of interaction audit, mealtime audit and monthly checks which ensure documentation is kept up-to-date such as residents goals recordings, risk assessments and staff training. Samples of these were reviewed by the inspector and were seen to be completed with detail and included actions where issues were identified. Regular team meetings were being held, at these meetings there was an update given about each resident, incidents and restrictive practices in the designated centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The inspector reviewed the statement of purpose which was last reviewed in August 2025 and found that it described the model of care and support delivered to residents and the day-to-day operation of the designated centre.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the Regulation was reviewed during the inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact the residents. All notifications had been submitted as required. For example, the provider had notified the Chief Inspector of any use of a restrictive practice within the centre on a quarterly basis.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was a designated complaints officer nominated. There was no open complaints on the day of the inspection. There was evidence that complaints received were reviewed in a timely manner. For example, a complaint made by a resident in May 2025 and been reviewed and closed in June 2025, with the complaint satisfied with the outcome and a resolution recorded for the resident.

Judgment: Compliant

## Quality and safety

From the inspector's observations, meeting with residents, staff and management and from review of the documentation, it was clear that good efforts were being made by the management team and staff members to ensure that residents were receiving good quality and safe services. Residents were afforded good opportunities to engage in their community and complete activities of their choosing.

There were areas for review required in Regulation 28: fire precautions, to ensure one door would close fully at all times. In addition, Regulation 26: risk management required review to ensure existing control measures were always met. Overall a good level of compliance was found within the regulations under the quality and safety of the service being provided.

## Regulation 10: Communication

The inspector reviewed the communication needs of two residents living in this centre. The documents in place provided guidance to staff in supporting resident's communication needs and to be understood in their choices and feelings. Residents living in the centre did not express themselves with verbal communication, therefore gestures, expressions, signalling and verbalisations were used to communicate with staff.

Documentation in resident's personal plans highlighted the individual communication needs for each resident. It was found to be clear and detailed the various ways in which residents communicated. For example, it was identified for residents how they would express if they did not want or like a particular piece of clothing as a resident may begin to pull their arms out of clothing when getting dressed. Non-verbal communication methods and gestures were recorded for each resident in how they would express themselves.

However, some review was required as one resident had a communication plan document in their file which was dated June 2022 and referenced a visual

communication plan in place in the resident's bedroom. This visual plan was requested by the inspector however staff were unable to locate it and were unsure that the resident had a visual communication plan currently in place. To note, this resident had other communication documentation in their personal plan which had been updated in the previous months prior to the inspection and described the resident's communication needs as well as staff being very familiar with the communication needs of the resident.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

The management and staff were working to ensure the residents were supported to take part in activities they enjoyed. It was evident to the inspector through discussion with management and review of resident's activities that residents regularly had opportunities to take part in activities both in the community and in their home. Examples of some activities residents were involved in included woodland walks, cinema, visits to local cafes, shops and restaurants, and attending classes of interest such as, art classes.

Judgment: Compliant

### Regulation 17: Premises

Based on observations during this inspection, the premises provided for residents to live in was seen to be clean and well-furnished. Each resident had their own bedroom, along with access to communal areas, such as living room, dining room, kitchen and television room. There was an enclosed garden/outdoor seating area to the rear of the centre. Residents had access to two large accessible bathrooms. One of these bathrooms had a radiator cover which required attention as it had marks and chips present, at the time of the inspection an infection prevention and control audit was underway which was identifying that this required maintenance. The premises also had a laundry room that also provided presses for additional storage.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as a summary of services and facilities, arrangements for visitors and how to access inspection reports.

Judgment: Compliant

## Regulation 26: Risk management procedures

There was a policy on risk management available and the residents had a number of individual risk assessments on file so as to support their overall safety and well being.

The inspector reviewed the individual risk assessments in place for two residents and found that the measures in place suitability addressed the risk. Some review was required to ensure that identified existing controls were fully in place. For example, a risk assessment in place for a resident for managing challenging behaviour had a control in place that all staff have managing challenging behaviour training completed, this has been identified in the report under Regulation 16: staff training and development.

The risk assessments were found to be in date and reviewed when required by the person in charge. There were risk assessments completed in relation to the centre, for example these included, slips, trips, falls, fire, injury and notifiable illness.

The provider had incident reporting system in place. This system had oversight from the person in charge. The inspector reviewed all incidents from Jan 2025 and found the provider had reported all required incidents to the Chief Inspector of Social Services.

Judgment: Compliant

## Regulation 28: Fire precautions

There was evidence of fire equipment being maintained and serviced regularly by a competent person as required by the regulations. There were fire maps and evacuation plans displayed in the centre.

Residents had personal emergency evacuation plans in place. These had been recently reviewed and were clear in identifying the supports residents would require to evacuate safely, such as wheelchairs and emergency medication.

Fire drills had been completed regularly in the centre to ensure all residents could evacuate safely from the centre. The inspector reviewed the fire drills completed in

2025 and seen that a stimulated night time evacuation had taken place to reflect the minimum staffing that would be in place.

On the day of the inspection, the inspector requested assurances to be submitted in relation to the following area of fire precautions:

- A door leading from the hallway to the laundry room of the designated centre was as a fire door, however on review of documentation it was recorded on staff checks as not being a fire door. When the door was reviewed by the inspector it did not always fully close. This was discussed on the day of the inspection. The assurances were received by the office of the chief inspector on the 25th September 2025 and confirmed that the door reviewed was a fire door, with a self-closing mechanism and this would be reviewed to ensure it fully closed at all times.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need was completed for each resident, this informed the resident's personal plan. The plans in place were informative and contained good profile of the residents. The inspector viewed two of the residents' files.

Residents had been part of regular multi-disciplinary meetings. Where a support need was identified, care and support plans were developed. In general, these were seen to be kept under ongoing review and updated as required. For example, a resident was being supported with a medical condition, had a support plan in place which provided detailed guidance to staff and the supports required to care for the residents. This plan had been recently reviewed after a hospital stay the resident had.

Residents' personal planning meetings were being held annually, which included a review of the previous year and planning for the year ahead. As part of one resident's personal planning meeting, goals had been set for residents. The inspector reviewed a sample of these goals and they were found to be personalised to each resident and what they would like to achieve. Staff were also consistently monitoring resident's goals by documenting regular progress of each goal.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Some residents in this designated centre had behaviour support plans in place. The inspector reviewed two of these plans and found they were detailed and reflective of the residents assessed needs.

The plans contained guidance for staff in the management of behaviours and were individualised for the resident, taking into account their preferences and how they respond best. Behaviour support plans included identified behaviours of concern, triggers, and strategies both proactive and reactive.

The inspector spoke to staff members regarding the behaviour support plans in place. The staff were knowledgeable on the resident's behaviour support plans in place. For example, staff spoke about different triggers or signs for a residents and how they support the residents through this.

There were some restrictive practices in use in the centre. These had been identified and were reviewed by the providers restrictive practice committee in October 2024. The person participating in management discussed with the inspector that these were reviewed annually by a committee and when required would be reviewed more frequently.

Judgment: Compliant

#### Regulation 8: Protection

The registered provider had implemented systems to safeguard residents . For example, there was a clear policy and procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern. All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit and the different types of abuse that would identify a cause for concern. . There was easy-to-read information relating to safeguarding and protection available. Residents took part in regular residents meetings and safeguarding was a regular agenda item.

Residents' had intimate care plans in place that detailed the care and support they required in relation to personal care, from review of these plans they were found to be individualised in line with the residents personal preferences.

Judgment: Compliant

#### Regulation 9: Residents' rights

Through the review of documentation, discussion with the staff and management of the centre, and observations of staff interactions with residents it was evident that

residents lived in a service that empowered them to make decisions about where and how they wanted to spent their time.

Residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication needs. They were being offered choices in a manner that was accessible for them. The inspector reviewed the residents meeting minutes available and found them to include discussion about updates in the centre and provider updates, along with activities and complaints.

Resident's personal plans contained some consent documents. This identified if residents had consented to certain things. For example, photo consent. For one resident it was clearly documented on their consent to take pictures that it was unsure if the resident fully agreed or understood this consent and highlighted that when taking a picture to consult beforehand with the resident and ensure it was a positive picture for the resident. This ensured the residents communication needs, privacy and rights were being respected through continuous consultation.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially 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 28: Fire precautions	Substantially 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 L OSV-0005418

Inspection ID: MON-0039318

Date of inspection: 23/09/2025

## 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 in the designated centre now have management of challenging behaviour training in date.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The visual communication plan is no longer in use for this resident as alternative communication methods have proven more effective. The resident's communication plan has been updated to ensure all information is accurate.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire door leading from hallway to laundry is now fully functional and included in the staff checks as a fire door.	

## 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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	26/09/2025
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	21/10/2025
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Substantially Compliant	Yellow	25/09/2025

	building fabric and building services.			
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