



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 S
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	29 May 2025
Centre ID:	OSV-0007925
Fieldwork ID:	MON-0046686

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 S is a detached bungalow located on the outskirts of a city that can provide full time residential care for four residents of both genders over the age of 18 with intellectual disabilities. Each resident has their own bedroom and other rooms in the centre include a kitchen/dining room, a utility room, two sitting rooms, bathrooms and a garage. Residents are supported by the person in charge, nurses, social care workers, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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
Thursday 29 May 2025	09:35hrs to 16:15hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an un-announced adult safeguarding inspection completed within the designated centre St. Vincent's Residential Services Group S.

The inspector found through observation in the centre, conversations with staff and management of the centre and meeting four of the residents that lived in the centre, that residents were relaxed in their home, generally enjoyed a good quality of life, had choices in their lives and were supported by staff to be involved in activities both in the centre and in the local community.

The inspector used observations, meeting with residents and staff, and a review of documentation to form judgments on the quality and safety of care and support provided to residents in the centre.

On arrival to the centre the inspector was greeted by a rostered student nurse and a resident of the centre. They welcomed the inspector into the home and the inspector was asked to sign the visitor's book. Here the centre had on display easy-to-read documents in place, such as complaints and safeguarding. A copy of the National standard for safeguarding was also on display. Shortly after this the inspector was introduced to a staff member on duty and a household staff member. The inspector met another resident who was getting ready for their day ahead. The person in charge and person participating in management were both on planned days off during the inspection. The inspector did have the opportunity to meet a clinical nurse manager who assisted with the inspection along with the staff nurse on duty that day.

There were four residents living in the centre on the day of the inspection, the inspector had the opportunity to meet the residents. Some residents spoke or interacted with the inspector, while other choose not to and this was respected by the inspector. During the course of the inspection the inspector asked two residents if they were happy and safe in their homes to which they responded or gestured yes. Residents appeared happy and relaxed throughout the day and the centre was noted to be a relaxed and calm environment.

One resident showed the inspector their bedroom. The enjoyed organising their clothes. The resident had pictures of family and friends displayed and appeared very happy to show the inspector these. Another resident also showed the inspector their bedroom, this was seen to be well decorated, personalised and clean. The resident also indicated that they liked their bedroom and home.

The provider and person in charge had implemented systems for residents' voices to be heard. For example, residents attended residents meetings, planned personal goals and were consulted with as part of the annual review. The inspector viewed a sample of this documentation which will be discussed further in the report.

Kind, caring and respectful interactions were observed and heard throughout the course of the inspection. The staff were knowledgeable of the needs of the residents and the supports required by residents. Staff were also familiar with the communication needs of the residents living in the centre. For example, a resident used various signs when communicating with the resident and the staff informed the inspector what these meant so the inspector could meaningfully communicate with this resident. This was later seen documented in the residents care plan.

Overall, this inspection found that residents were being supported in a safe and good quality service. The provider was ensuring that measures were in place to ensure residents were happy in their homes, choice was being offered and residents were supported to live in

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 in place a clearly defined management structure which identified lines of authority and accountability. A person in charge is in place who has a remit over one other designated centre located nearby. Overall the centre had a good and effective management system in place, however some review was required to ensure up to date documentation was kept in the centre in relation to residents individual preference needs assessment (IPNA) and team meetings.

The training records viewed indicated that all staff had completed training in order to support the resident's needs in the centre in relation to identifying, reporting and supporting residents in a safeguarding incident.

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development and to support them in delivering effective care and support to residents. Staff completed a suite of training as part of the systems to safeguard residents. The training included, safeguarding of vulnerable adults, managing challenging behaviour, manual handling and fire safety training.

In the centre the person in charge ensures effective support and formal supervision to staff is in place. As mentioned previously the person in charge was not on duty

on the day of the inspection. The inspector reviewed the matrix in place which identifies staff that have completed supervision. From this matrix reviewed one staff had completed supervision in the centre. The matrix was blank for the rest of the identified staff team in place in the centre and no other records were available to view on the day of the inspection. This required review.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the residents in the centre. There was a management structure in place, with staff members supported by the person in charge. The person in charge was supported in their role by a clinical nurse manager within the organisation. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose. This included regular audits which the person in charge completed and had oversight of to ensure actions were addressed in a timely manner.

The provider's most recent annual review was completed in November 2024 and had consulted with residents and their representatives. The provider had identified actions in relation to incompatibility of two residents living in the designated centre. This included regular multi-disciplinary meetings for the residents, risk assessments in place, interim safeguarding plan in place, individual preference needs assessment (IPNA) for the resident. The office of the Chief Inspector had received a large number of notifications in relation to incidents of a safeguarding concern.

The provider has identified through an individual preference needs assessment (IPNA) that one of the residents would benefit to live independently in their own space due to their assessed needs. Staff on duty in the centre spoke with the inspector about the incidents that occur between the two residents. The staff members were knowledgeable about the measures in place to support the residents involved and discussed the impact of these incidents for the residents. Some improvement is required to ensure updated documentation is in place in the residents care plans, this will be discussed under Regulation 5; Individual assessments and care plans.

The provider had also completed six-monthly unannounced visits to the centre in October 2024. The provider had ensured policies were in place and available to the staff team regarding the safeguarding of residents. This included protection and welfare of vulnerable adults which had been reviewed in May 2024.

The inspector reviewed the staff meetings that had taken place in the centre over the previous 12 months. The staff on duty indicated that these would happen

monthly. The inspector reviewed meeting minutes from 2024, these meetings had taken place in April, May, June, September, October and December. Meeting minutes for 2025 could not be located in the centre on the day of the inspection. The inspector did see an agenda that was in place for a team meeting for March. From a review of the documentation present on the day of the inspection staff meetings for the centre were not taking place monthly. There was no documentary evidence in place for team meetings that had taken place in 2025. One staff spoken with did inform the inspector that they recalled a team meeting taking place in March 2025 as per the agenda seen.

Judgment: Substantially compliant

Quality and safety

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

The provider is supporting a resident in the centre to access accommodation which will provide an environment that will support the resident with their assessed needs and decrease triggers identified for the resident. Residents attended regular residents meetings. Residents enjoyed a range of activities in their homes and communities such as walks, shopping and meeting friends and family. Residents have support plans in place. The inspector reviewed two residents' personal plans. For the most part, these plans were seen to have been regularly reviewed. Some improvement was required which will be discussed under regulation 5, individual assessments and personal plans.

Regulation 10: Communication

Residents living in the designated centre had access to appropriate media, such as television and radio. Some residents enjoyed watching mass online. The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. The residents living in the centre communicated in various ways, such as, verbally, facial expressions, using signs and pointing to objects.

The inspector saw that communication 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. For example, a staff identified to the inspector during the course of the

inspection different gestures that residents would use, such as a resident may place their hands together as a sign for mass. This was observed during the inspection.

Resident's personal plans contained guidance and information on residents communication needs. The inspector reviewed two of the residents support plans for their communication and means of expressing their feelings. These plans were seen to be detailed. One resident in the centre has an assessed need which can affect their communication skills. Clear interventions were recorded for staff to support the resident with their communication needs. For example, the resident has identified triggers, a positive behaviour support plan and social stories available. However, some review was required as the resident has support from a speech and language therapist. It had been recommended for staff to use regularly a handout sheet to support staff in responding to a visual schedule and tics. These guidelines had not been identified as an intervention in the resident's communication plan.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had systems and processes in place for risk management at this centre. The centre had a risk register in place and these risks had been reviewed by the person in charge. 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. For example, the centre had a risk assessment in place for the risk of violence and aggression, controls measures were identified to reduce the risk identified.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal plans of two residents over the course of the inspection. Each resident had an assessment of need and personal support plans in place. These plans were found to be clear in documenting residents' needs and abilities. There was evidence that residents had been consulted in the development and ongoing review of their personal plans through annual review meetings.

The residents' personal plans reflected input from various health and social care professionals, including psychology, occupational therapy, behaviour support, complimentary therapy, social work and speech and language therapy.

Some review was required to residents personal plans to ensure that up to date information was present in residents files. For one resident the latest individual

preference needs assessment (IPNA) was not available in their file. The inspector reviewed the document in place which was completed in October 2024. This document did not provide updated information on actions, for example, alternative accommodation has been successfully sourced for the resident. The provider had completed a review and an individual preference needs assessment (IPNA) had taken place again in January 2025 but this was not available to view on the day of this inspection. In one residents file their most recent multi-disciplinary meeting was not present in their file. On review of notes in their personal plan it was recorded that this was in another residents plan as a joint multi-disciplinary meeting had taken place due to the needs of the residents. This required review.

Residents had documented goals in place. Each resident had key workers in place to support them in achieving their goals. Residents were seen to have achieved some goals such as adopting a monkey, along with day and overnight trips. Residents were working and progressing on other goals such as attending social farming, planning overnight trips and going to the local shop to buy items.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff in this centre had received training in managing challenging behaviour and were aware of a residents' behaviour support plan. This was effective in ensuring that staff could respond to incidents of behaviour of concern in a manner which was effective in protecting residents and ensuring that their rights were upheld.

Residents who required positive behaviour support plans had these in place. The inspector reviewed the behaviour support plan in place for one resident and saw that it was written in a person-centred manner. This plan had been reviewed in May 2025. The plan clearly identified triggers, rational for intervention, proactive strategies, reactive strategies and post-reactive strategies. The plan included the communication needs of the resident.

The person in charge maintained a record of restrictive practices in the centre through a restrictive practice database. The restrictive practices were reviewed on an annual basis by the provider to ensure that they continued to be required, and where required, that consideration was given to ensuring that they were the least restrictive and therefore least impact on residents' rights. All restrictive practices had been reviewed in the centre in May 2025.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure residents were kept safe in their home. Staff had completed training in relation to safeguarding. Any concern relating to the protection of residents was reported and investigated in a timely manner.

As mentioned previous in the report, the centre had identified potential compatibility issues regarding two of the residents living there. The office of the chief inspector had received a large number of notifications in relation to this over the past few months. The provider had identified these issues and had a risk assessment in place to support the residents living here. The resident had an interim safeguarding plan in place to ensure they were safe in their home. Staff spoken with during the inspection were aware of the supports in place to protect the residents. Residents were supported with regular multi-disciplinary meetings.

This centre had support from a clinical nurse specialist in behaviour support and the centres designated officer to support the staff team and residents to ensure appropriate care and support was received by the residents living here. Residents also had access to the complaints procedure if they wished.

The inspector reviewed two residents' intimate care plans. They were written in a person-centred manner and clearly outlined the supports residents were to receive during this care need.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could access information in relation to their rights, safeguarding and accessing advocacy services in their home. This information was all available in an easy-to-read format. Resident had weekly resident house meetings and monthly resident's residential meetings. These meetings kept residents informed about activities and information about their home, such as weekly meeting discussed menu plans for the week ahead, along with activities that would also be occurring. These meetings documents clearly the attendance and level of participation at the meeting from the residents. Monthly meetings discussed complaints, compliments, social roles, community and world updates and environment, such as flowers being planted in the garden.

From briefly meeting with some of the residents they appeared happy and relaxed in their home. When asked by the inspector if they were happy and felt safe in their home they expressed they were either verbally or through facial expressions. Residents met with showed the inspector their bedrooms and items they liked such as pictures of their family and friends which were displayed.

Residents were provided with information about the provider's complaints system which could be used if they wished. As mentioned previously in the report where a resident living in the centre had been identified that a different living environment

may be beneficial due to the assessed needs of the resident the provider had a plan in place. The service manager discussed with the inspector that a new premises was secured and at the time of the inspection. The provider had plans in place to support this resident in the coming months with this.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially 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 S OSV-0007925

Inspection ID: MON-0046686

Date of inspection: 29/05/2025

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff working in the designated centre have had supervision completed and a full list of same is now available.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staff meetings occurring every six weeks and minutes of same available for all staff to review and sign.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The resident's communication plan has been updated to include interventions as advised by Speech and Language Therapist.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All up to date information is now available in resident's personal plans including IPNAs and MDT minutes.</p>	

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	04/06/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	04/06/2025
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for	Substantially Compliant	Yellow	10/06/2025

	the quality and safety of the services that they are delivering.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	04/06/2025