



# 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 T
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	10 June 2025
Centre ID:	OSV-0008332
Fieldwork ID:	MON-0038657

## About the designated centre

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

The designated centre is a residential house located in a small community setting on the outskirts of a large city. It provides full time residential support to a maximum of four adults with intellectual disabilities. The house is comprised of three individual bedrooms, a bathroom and additional separate toilet, kitchen- dining area, a sitting room and staff sleep-over room/office. In addition, there is an adjoining apartment which is comprised of a bedroom with ensuite and an open plan dining–sitting room area. All areas of the designated centre have access to the rear large patio and laundry room. There is also a large garden to the front of the property, with gates and parking for transport vehicles. Residents are supported to access local amenities such as shops. Residents are supported by day and night by a team comprised of medical and social care 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 10 June 2025	08:50hrs to 16:10hrs	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. From what the inspector observed, residents enjoyed a good quality of life and were well cared for in this designated centre. There were four residents living in this centre at the time of this inspection. The centre was located on the outskirts of Limerick city.

Overall the findings of the inspection indicated that care was provided in a person-centred manner and residents were happy in their home. The premises was warm, clean and decorated in a tasteful manner. Residents were supported by a staff team who were familiar with their care and support needs. They were engaging in activities they enjoyed both at home and in their community. Some minor improvements were required in relation to the centres statement of purpose, staffing and fire precautions.

The inspector had the opportunity to meet all four residents living in the centre, while some residents did not wish to interact with the inspector this was respected. Residents in the centre used various methods of communication to indicate their needs and preferences. Some residents were verbal, while other residents had limited verbal communication, short phrases, gestures and facial expressions were used to communicate intent. The staff were seen to be very familiar with residents communications needs in the centre.

On arrival at the centre the inspector noted it was a very well presented bungalow. The inspector was greeted by a member of staff and signed the centres visitors' book. The inspector was introduced to the person in charge and they showed the inspector around the premises. Some residents were up and ready for the day ahead, while other residents were in the process of getting ready or still in bed. The inspector had an introductory meeting with the person in charge and the person participating in management joined this. During this meeting the person in charge and person participating in management informed the inspector about the centre and the residents living in the centre. The person in charge highlighted to the inspector that residents had achieved some significant goals such as going on a night away, attending a family wedding and planning trips aboard.

The centre was a short distance from local amenities. A local shop was nearby which some residents enjoyed walking to and buying items. This was observed on the day of the inspection. One resident told the inspector they were going to work that day, located nearby. This resident attended a day service which they enjoyed. The resident had requested a certain meal that they would like for their dinner and this was facilitated later in the day when the resident returned from their day service. Another residents attended social farming with the support of staff. This was a new activity for the resident and the resident was enjoying this. Staff told the inspector about how a resident had interest in vintage cars. This resident has completed a personal goal of visiting a vintage car museum. On the day of the inspection the

resident appeared happy while watching a programme about vintage cars.

In the designated centre, each resident has their own bedroom which was personalised with their items. One resident had an adjoining annex apartment, which contained a living room, bedroom and bathroom. Residents had access to an open plan kitchen, dining and living room area, with an adjoining sitting room. The centre had laundry facilities located in a separate building next to the bungalow. Outside was a large garden area. Residents had access to a large patio area with seating, staff informed the inspector that the residents enjoyed using this area during sunny weather.

Overall, the inspector found that the residents were supported by a staff team who were familiar with their care and support needs. They lived in a warm, clean and well maintained home. Residents were accessing activities in the local community and in their home in line with their assessed needs. As mentioned previously, some minor improvements were required to ensure three regulations met the criteria for compliance which will be discussed in the relevant section of the report.

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

Overall, the findings from this inspection were that the residents were in receipt of a good quality and safe service. The management team, both at local and provider level, were identifying areas for improvement and taking action to bring about necessary changes.

The person in charge was full-time and had responsibility over two designed centres. They were supported in their role by a clinical nurse manager 1. The inspector met with a number of the centres management team over the course of the inspection. The person in charge and local management team had systems in place for the day-to-day management and oversight of the centre. They were completing regular audits and taking actions to bring about improvement.

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 provider had submitted the required information with the application to renew

the registration of this designed centre. The inspector reviewed all the relevant information and found it was in line with the requirements of the regulation. Information submitted included floor plans, application forms and fees.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge had a remit of two designated centres.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured there was an appropriate skill mix and level of staffing in the centre to ensure residents' needs were met. The centre was staffed with nursing and care staff. On the day of the inspection there were no staff vacancies.

The inspector reviewed the centres rosters from April 2025 to June 2025. The centre had very consistent staffing in place. The clinical nurse manager 1 for the centre discussed with the inspector that any planned or unplanned leave for the centre is covered with a familiar staff in order to provide consistent care to the residents living in the centre. The roster did not include the hours the person in charge worked in the centre. This required review.

On the day of the inspection the staff team present was familiar with the residents, interacted in a kind and professional manner and were seen to support residents in line with their assessed needs. For example, when one resident returned to the centre after their planned activity they verbalised and vocalised and the staff member identified this and offered the resident orange. The staff member was aware of the residents communications needs as identified in the residents communication dictionary in their personal plan.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

The person in charge had ensured all staff had up-to-date training across both mandatory and relevant training in line with residents assessed needs. On review of the training matrix, it was found that staff had completed training in areas such as fire safety, safeguarding, manual handling, basic life support, managing challenging behaviour and manual handling. One staff member was due a refresher in manual handling and the person in charge informed the inspector that this staff was booked on the next training date.

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, including the person in charge. Staff spoke to the inspector that they feel supported in their duties and role by the management of the centre.

Judgment: 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

There was effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

The provider had a clear organisational structure to manage the centre and this was clearly set out in the statement of purpose. There was a suitably qualified and



experienced person in charge who had the remit of two designated centres. The centre had a clinical nurse manager 1 in place to assist the person in charge with delegated duties.

The centre was subject to ongoing monitoring and review. This including auditing of the centre in line with the centres audit plan, six-monthly unannounced audits by the provider and an annual review of the quality and safety of care and support. The inspector reviewed these audits which had identified actions in each. For example the centres six-monthly unannounced visit which was completed in March 2025 had an action for all staff to complete fire drills. The person in charge had a record sheet put in place to ensure all staff were completing fire drills for the year ahead. The centre carried out a number of audits which included a medication audit, mattress tool audit, fire safety audit and handover tool audit.

The centre was suitably resourced to ensure effective delivery of care and support to residents. During the inspection the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishings, transport, access to internet, television, adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Compliant

### Regulation 3: Statement of purpose

This document outlines the model of care and support to be delivered to residents within the service. The inspector reviewed the statement of purpose and overall it was found to reflect the facilities and service provided. For example the room functions and sizes in relation to the centre were clearly outlined as required. However, review was required to ensure the centres total staffing compliment was reflective of the staffing in place. For example, from the rosters reviewed the centre employs five whole time equivalent nursing staff, whereas the statement of purpose identified six.

Judgment: Substantially 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
<b>Regulation 34: Complaints procedure</b>
There was a clear complaints procedure which was available in an accessible version, and the residents knew who to approach if they had a complaint. There were no current open complaints in the designated centre. A record log was available to log complaints and any compliments received by the centre.
Judgment: Compliant
<b>Quality and safety</b>
<p>The provider ensured that residents received a good level of person-centred care that allowed them to enjoy activities and lifestyles of their choice in a way that suited their preferences. Residents living in this centre enjoyed different activities, hobbies and pastimes and they were supported by the staff team with this. The management and staff team in this centre support residents to access the community and the general welfare of the residents.</p> <p>There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed both in the centre and locally. Some residents enjoyed taking part in the local park run events, while others enjoyed developing their skills in their home such as taking out the rubbish and using the dishwasher.</p> <p>Family contact and involvement was an important aspect for the centre and residents were supported to maintain contact with families. Some residents enjoyed visiting their families regularly. Visitors were also welcome to the centre.</p> <p>Overall, the inspector found that the residents were supported to enjoy a good quality of life and that they were in receipt of good quality and safe services. The person in charge, clinical nurse manager 1 and staff team were making efforts to ensure the residents were happy, engaging in activities they enjoyed and striving to achieve the goals and lifestyle desired by both residents. Some review was required under regulation 28, fire precautions.</p>
<b>Regulation 10: Communication</b>

The inspector reviewed two residents' personal plans and saw that there were communication plans in place to guide staff in meeting these needs. Staff were informed of residents' communication plans and discussed with the inspector the various ways each resident individually communicates. One staff member discussed with the inspector one residents communication dictionary that was in place. This identified words or phrases a resident might say and the meaning to this word. All staff were seen to be knowledgeable of the communication dictionary in place.

Plans had clearly identified support in place for residents such as the use of a traffic light system which was in place in the residents hospital communication booklet. This identified important information, like and dislikes in relation to communicating with the resident.

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

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre, at external day services and in the local community. Residents had a choice with one resident attending a day service at the time of the inspection and other residents accessing meaningful activities from their home and local community.

Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. Residents enjoyed attending the local park run, going to the local shop, going to the barbers, visiting family and friends, social farming, planning day and overnight trips. Residents were also involved and supported in completing housekeeping task such as helping with laundry, bins and the dishwasher. Residents had pictures of social outings completed and housekeeping tasks in the personal plans.

Judgment: Compliant

### Regulation 17: Premises

The premises was comfortable and suitably decorated. It was found to be clean throughout. Each resident had their own bedroom and access to communal areas in

each house such as sitting room, kitchen and dining room. The centre had laundry facilities in place and adequate storage facilities. Residents' bedrooms were seen to be decorated with their own personal items.

One resident had an adjoining annex apartment with a living area, bedroom and own en-suite bathroom. This again was warm, clean and well furnished. Some maintenance was required to an area of plaster that was cracked and slightly bulging at the side of the residents' door. This had been identified by the provider and requested maintenance had been submitted prior to the inspection.

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

The provider had suitable systems in place for the assessment, management and ongoing review of risk.

There was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place, where risks to their well being and safety were identified, assessed and in general kept under ongoing review.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place in the centre. There were suitable fire containment measures in place. Suitable fire equipment was in place and was last serviced in April 2025. Fire alarms inspection had also been completed in April 2025. Staff completed regular checks of items such as fire doors and lighting to ensure these were in working order.

There was a clear procedure in place for the evacuation of residents. Fire evacuation drills involving residents and staff were being carried out both during the day and

night. The inspector reviewed the fire drills and found these had been completed in a timely manner, and that all residents had been promptly evacuated to safety. The person in charge had a record in place to ensure all staff were completing fire drills annually. Some improvement was required to ensure that drills were taking place with the maximum amount of residents in the centre and the minimum staffing that would be in place. For example, no fire drill was present to reflect four residents and two staff members in the centre. Fire drills completed did reflect different scenarios for the location of the fire and staffing to resident ratios. Each resident had a personal emergency evacuation plan in place.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines.

The clinical nurse manager 1 discussed with the inspector the medicine management procedures, and on the reasons medicines were prescribed. Residents had access to a pharmacist of their choice, one resident was supported with a different pharmacist as per their wishes. Each resident has access to a general practitioner.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed. There was specific facilities provided for the storage of medicines that required refrigeration. Staff were ensuring that temperature controls checks were being completed regularly. All medicines in the medicine storage provided were labelled and it was indicated on the required medicines when they had been first used/opened.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector review two of the residents' personal plans and found personal plans to be comprehensive in that they informed all aspects of the residents' life. These plans were found to be up-to-date. The plans in place were informed by the residents, their representatives and multidisciplinary professionals as appropriate. Social, medical history and support needs specific to the individual resident were clearly identified, including health care needs, communication needs and goal

planning.

Residents had care plans in place which informed the staff team on supports required for residents. These were seen to be reviewed regularly. For example, a resident that had speech and language therapy support had a required intervention identified for their weight to be recorded and monitored monthly. This was seen to be taking place each month.

Residents' plans also identified their goals and aspirations for the coming year. These were seen to be important and individual to the resident. For example, one resident who enjoyed chocolate was planning a trip to a chocolate factory abroad. As mentioned previously in the report a resident was supported to attend a family wedding. Residents were supported to continue with their individual hobbies, such as one resident's love of vintage cars. This resident was supported to visit a vintage car museum and the staff team also support them to order and buy books about this interest.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was good oversight of behavioural support and residents who required assistance in this area of care had comprehensive behavioural support plans in place. The inspector reviewed two of the behaviour support plans in place for residents. These were found to identify clear triggers for residents, pro-active and reactive strategies for residents, along with post intervention support. The staff were found to be knowledgeable on the residents support plans and while speaking to the inspector identified triggers for residents and how they recognise an escalation in behaviour for a resident.

The centre currently had no restrictive practices in place. Where a restriction was previously in place for one resident in the centre, this had been reviewed and was no longer in place at the time of the inspection. The person in charge discussed with the inspector that since residents moved to the centre they ensured a least restrictive living environment for the residents and this was working well at the time of the inspection.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure all residents were safeguarded at all times in the centre. Staff had completed training in relation to safeguarding residents and

the prevention, detection and response to abuse. Staff who spoke to the inspector were knowledgeable in relation to recognising and reporting suspicions or allegations of abuse. Intimate care plans had been developed for each resident in the centre. The inspector reviewed two residents intimate care plans and found it was detailed with guidance for staff to follow as per the residents assessed needs.

A safeguarding plan was in place in the centre. The interim safeguarding plan was reviewed by the inspector from a recent incident that took place in the centre. This incident had also been notified to the office of the chief inspector as required by the regulations. Risk assessments were in place for residents in relation to risk of abuse.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
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 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for St. Vincent's Residential Services Group T OSV-0008332

Inspection ID: MON-0038657

Date of inspection: 10/06/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:  The roster for the designated centre now includes the full working hours for the person in charge	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  The PIC and PPIM have reviewed and updated the Statement of Purpose which now accurately reflects the staffing that is in place in the designated centre.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Fire drill has been completed when four residents and two staff members where in the designated centre.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	11/06/2025
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	16/06/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set	Substantially Compliant	Yellow	08/07/2025

	out in Schedule 1.			
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