



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 U
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	28 January 2026
Centre ID:	OSV-0008564
Fieldwork ID:	MON-0040790

About the designated centre

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

This designated centre is comprised of two semi-detached bungalows located within a housing development on the outskirts of a village near to Limerick city. The houses provide full time residential support to a maximum of two adults with intellectual disability. Each house is designed for single occupancy and are adjacent to each other. Both houses have a similar design layout with open plan kitchen-dining and sitting room space. Each house also has a bathroom, bedroom, utility room and office/staff bedroom. There is dedicated parking at the front and small secure garden space at the rear of both houses. Residents are supported to access local amenities such as shops and restaurants. The staffing supports in each house are reflective of the assessed needs of each resident. Residents are supported both day and night by a team comprised of medical and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 28 January 2026	09:20hrs to 17:15hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the provider's compliance with the regulations and to inform the decision in relation to the renewing of the registration of the designated centre. The centre was previously inspected in January 2024 as part of the current registration cycle. The findings of that inspection had required actions to be taken by the provider. It was evidenced during this most recent inspection, improvements had been made which included safe storage of food products and ensuring residents were supported to make choices in their daily lives including consultation in the administration of their prescribed medications.

The inspector was introduced to one resident in their home before they left to attend a baking class. The resident was observed to be smiling and stated they were looking forward to going out to the class and enjoy a hot drink afterwards. The resident was observed to interact with the two staff present, conversing and discussing issues of importance about their day such as checking what staff would be supporting them later on in the afternoon. Both staff responded to the resident's questions immediately. The inspector was invited into the resident's dining room and was informed by the resident about a few of the things they liked about their home. This included their music collection, how they helped staff with some household chores and cooking. The resident told the inspector they liked the quietness of their home. The resident drew the inspector's attention to the reading glasses that they had on and also proudly described the colours of the clothes that they were wearing.

Staff explained the resident had moved into this designated centre in May 2024. Previously they had been living in an apartment attached to another designated centre under the remit of the same provider. This transfer had provided the resident with more space and was described as suiting the resident's assessed needs very well. The resident was being supported to enjoy an active routine which included daily walks and spins to preferred locations. The resident did not usually like to be away from their home overnight but had enjoyed a short break with family members over Christmas recently. Staff explained since the resident had moved into their new home, ongoing contact and interactions with family members had resulted in some improvements in the type of social engagements enjoyed regularly by the resident. For example, the resident had attended a few concerts during 2025 with staff and there were plans to go to a concert in March with a family member.

The inspector met the same resident again in the early afternoon. The resident and the staff supporting them knocked on the door of the neighbouring house where the inspector was reviewing documents. The resident spoke about their morning activities and how they enjoyed the baking and eating the finished product. The resident was observed to be smiling as they spoke with the staff member confirming their plans for the afternoon. This included going out for a drive with their staff in their dedicated transport vehicle. The resident was observed to be respectful of the

home of their peer and did not enter the building during the conversation with the inspector.

The inspector was invited to meet the second resident when they had completed their morning routine. The resident greeted the inspector as they opened their own front door. The inspector showed the resident their identification. The resident had a few questions for the inspector about this identification and seemed satisfied with the answers given to them. The inspector was asked by the resident if they would like any refreshments and both the resident and inspector had a hot drink together as they chatted at the dining table. The day service staff supporting the resident was very familiar with the resident's preferred routine and likes. They spoke to the inspector while including the resident in the conversation about planned activities for the day which would begin with going to a library to collect some cookery books that the resident had ordered.

The resident was observed to include all persons present in the conversation. This included the person in charge, the person participating in management and the day service staff. The resident engaged in jovial banter with those present, asking about family and pets. In addition, the resident told the inspector the names of the three pets they had in their home which included two gold fish and a budgie. As a result of the increased number of people present the bird began to make noise, so the resident put the bird cage out into the utility room during the conversation. The resident did require staff to repeat sentences at times as they found it hard to hear. They did have hearing aids in place but was experiencing difficulties in recent days. The staff explained the resident had to attend their doctor and was on antibiotics to treat an infection. The resident was observed to be very aware of safe practices relating to infection prevention and control. They advised the inspector not to get too close as the resident had a cough. They also explained they had worn a mask when visiting their general practitioner the previous day.

The resident was observed to seek confirmation from the staff present that no one else would be living with them in their home and this assurance was provided immediately. The resident confirmed plans for the day which included going out for lunch with the person in charge. The inspector met the resident again in the afternoon after they returned from their lunch. They had enjoyed the outing but was observed to be tired. The inspector asked the resident if they would prefer if the inspector moved to another room and this was agreeable to the resident. The inspector moved to the office. Due to the layout of the house the inspector could over hear the ongoing conversation between the resident and person in charge. At times the same information had to be repeated for the resident to understand what was being said. The resident was supported to have a hot drink and watch some television as they waited for the staff member to come on duty for the evening. As soon as that staff member arrived the resident spoke of their plans for the evening which included going to a named location for a drive. The resident was supported to go out as per their request and had not returned by the time the inspection had finished.

The inspector reviewed two completed questionnaires which the residents had been supported by staff to complete. All of the responses were positive in nature

regarding their homes, the staff supporting them and their ability to make choices in their daily lives. One resident had added additional comments which referred to them liking their home, these included " I have my own bedroom" and " no one to bother me".

The inspector spoke with six members of the staff team during the inspection. This included the person in charge and the person participating in management, both of whom were very familiar with the assessed needs of the residents. Two staff members were directly supporting residents at the time of meeting the inspector. This did not afford any opportunity to engage in a detailed conversation with either staff as the residents they were supporting were ready to leave for planned activities. However, both staff were observed to engage in friendly and respectful conversations with the resident they were supporting. This included listening and responding to questions and providing assurance to both residents. Both staff were aware of each residents preferences. The inspector spoke with two other staff members as they were supporting the residents in the morning. Both staff were familiar with each resident and it was evident both residents were relaxed and conversing at ease with the staff supporting them. For example, one staff member informed the inspector that a resident did not like to be near dogs and this was considered during all outings in community areas.

In summary, residents were being supported to live in their community homes by a core group of staff. Both residents were supported to make choices in their daily lives. The residents were engaging in social activities of their choice and participating in community groups such as cookery/baking. The staff team spoke of the improvements and positive impact for both residents with regards to daily routines and activities. These included being able to relax in their bedrooms, listen to music or watch television if they choose to do so as well as engage in social activities as they wished. Both residents were being encouraged to become more independent with their activities of daily living which included the self administration of some medications. In addition, ongoing contact with relatives and peers was also being supported for both residents.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of care and support from a consistent staff team. The provider had measures in place to address the actions identified in the previous inspection in January 2024. This included ensuring the voice of the resident regarding the administration of their regular medications was listened to and consistent safe practices were in place regarding the purchase,

storage and preparation of food for one resident who had an identified food intolerance.

The provider was aware of the regulatory requirements to complete an annual review and internal provider led audits every six months. The inspector reviewed the last two internal six monthly audits completed in the designated centre on 16 January 2026 and 7 July 2025. The auditors had identified some actions that had not been adequately addressed/repeated following these audits which included gaps in staff training, the absence of two signatures on occasions in residents finance logs and the documentation of residents participation in the residents forum meetings. The person in charge outlined actions taken to address these repeat findings which included scheduling of staff training, a financial audit was completed on 10 January 2026 and there was ongoing support for the staff team to effectively document residents feedback by including individual responses and presentation during forums.

The provider had completed an annual report in October 2025 on the services being provided in the designated centre. The auditor had identified a number of issues that required review which included non completion of a range of required audits during 2025. For example, audits of residents finances, medications, infection prevention and control had not been completed at the time of the annual report was being compiled. Other actions included a review of the risk assessments as duplicates had been identified and the quarterly notifications required to be submitted to the Chief Inspector had not been submitted for Quarter 1 2025. The inspector acknowledges that two retrospective notifications were submitted on 1 November 2025 by the person in charge. During this inspection the person in charge was able to provide evidence of follow up and progress on actions identified in the annual report and most recent internal six monthly audit. In addition, a number of audits had taken place in recent weeks which included a medication audit on 11 January 2026, infection prevention and control audit on 16 January 2026. The were overall good findings on these audits. There were a small number of actions identified, all of which had been addressed by the time of this inspection. This included the sourcing of a copy of the ten rights of medication administration to be available to staff in the designated centre and ensuring date of opening on medications where required was consistently completed.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured a complete application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role.

- They demonstrated their ability to effectively manage the designated centre.
- They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management.
- Their remit was over this designated centre and one other designated centre located approximately 15 kilometers away.
- The person in charge demonstrated actions taken in recent months to address identified gaps in staff training and some documentation. They had provided support to the staff team to ensure consistency in documentation completion.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of the residents and in line with the statement of purpose. There was a consistent core group of staff working in the designated centre.

- The staff team comprised of the person in charge, a clinical nurse manager, three nurses and nine care staff. Of these, two nurses were on extended leave at the time of the inspection and two care staff were dedicated to working nights. The person in charge and clinical nurse manager worked in two designated centres.
- To ensure the skill mix was maintained the person in charge worked with the residents and staff team. This was evident on the day of the inspection when the person in charge was supporting one of the residents during the afternoon.
- There was an actual and planned rota in place which reflected changes required to be made due to unforeseen events such as illness. It was very important that only staff familiar to the residents worked in the designated centre. A detailed information induction folder was present for staff to become aware of specific routines and preferences. In addition, new staff were provided with opportunities to meet with the residents both in community settings and in their homes. Any changes to the planned rota were communicated to each resident as far in advance as possible so they were informed of what staff would be supporting them.
- The inspector reviewed a selection of dates of actual and planned rosters from 1st December 2025 until 8 February 2026, ten weeks. The details provided in the rotas included information on the location of the person in

charge, planned training and scheduled appointments for residents. The start and end times of each shift was included in each rota. In addition, the staff member responsible for the administration of medications was also documented. The provider had also ensured that the staff members who were completing night shifts in the designated centre were reflected in documentation provided to the inspector relating to the staff rotas.

Judgment: Compliant

Regulation 16: Training and staff development

At the time of this inspection the staff team was comprised of 14 members.

- The person in charge had ensured all of the staff team had completed a range of mandatory training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in areas such as fire safety and safeguarding. Seven staff members were attending training in understanding and responding to behaviours of concern on the day of the inspection, the other five staff had up-to-date training in this.
- Nine staff had completed up-to-date training in positive behaviour support with three staff booked to completed this training on 12 February 2026.
- The majority of the staff team had completed training in non-mandatory training, this included nine staff had completed training in dysphagia, ten staff had completed training in manual handling with one staff attending training in this on the day of the inspection.
- Gaps in staff training had been identified in the annual review that had been completed in October 2025 and the provider's internal six monthly audit of January 2026. The auditors had recommended a review of the training matrix by the person in charge as some mandatory training was required by the staff team. It was evident the person in charge had sought to address these gaps since the annual report had been completed. Dates for planned training in the weeks after this inspection were documented in the training matrix reviewed by the inspector. The inspector acknowledges that the person in charge and provider were striving to address the training requirements of the staff team and had systems in place to ensure ongoing oversight. The inspector was informed it was the availability of trainers that had adversely impacted on the provision of training during 2025.
- The person in charge had completed supervision with nine of the staff team during 2025. The inspector was provided with the dates these supervisions took place. There were two new staff joined the team at the start of January 2026 and had scheduled supervisions planned for 2026. One staff member was on extended leave during 2025 and their supervisions were not completed. The two night staff had completed their supervisions with the night manager during 2025. The inspector was advised this information was available from the night managers. However, the inspector advised that the

person in charge should be aware of dates of these supervisions taking place to ensure oversight of the whole staff team. This was discussed during the feedback at the end of the inspection.

- Monthly staff meetings were taking place during 2025 with the person in charge in attendance. Two meetings had not taken place in June and October 2025. The most recent meeting took place on 14 January 2026. There was evidence staff being made aware of actions identified in audits completed within the designated centre which included gaps in training, a review of restrictive practices, health and safety weekly checks. Also staff were reminded of advocacy and social roles of residents and to ensure tracking of residents goals to be kept up-to date.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had ensured a directory of residents was in place and maintained to reflect current residents in receipt of services. All information as required in paragraph (3) of Schedule 3 was included for both residents. The format of the provider's directory provided details such as date of admission, date of discharge and location of where a resident was discharged /transferred to.

The person in charge had completed a review of the directory in July 2025. However, the details of the resident who had transferred out of the service in May 2024 were no longer present in the directory. The person in charge did have the details in other written format/emails which included the location of where the resident transferred to and when this occurred. This was discussed during the feedback meeting that the Chief Inspector has advised that details of residents availing of services in a designated centre should be kept in the directory of residents for a full registration cycle which would include the date they were discharged from the designated centre and where they were moving too .

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and this information was submitted as part of the application to renew the registration.

Judgment: Compliant

Regulation 23: Governance and management

There was a management structure in place, with staff members reporting to the person in charge. The person in charge was also supported in their role by a senior manager. The current remit of the person in charge in this designated centre was over two designated centres.

- The provider had completed an annual review in October 2025 which documented highlights of the year including residents being supported with self-directed living and living the lives of their choosing with reduced restrictions.
- Where actions had been identified in the annual review and internal six monthly audits, the person in charge evidenced the actions taken to address the gaps identified and monitoring that had been completed in recent months to ensure compliance with the regulations. Time lines were also documented and follow up evident where actions were required to be addressed.
- The provider had organisational governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. This was evident to be in place in this designated centre on the day of the inspection. The person participating in management outlined the provider's expectations and protocols of ongoing monitoring in the designated centre, these included weekly health and safety audits.
- The provider had ensured where gaps had been identified such as non submission of the required regulatory notifications to the Chief Inspector in Quarter 1 2025 this issue was addressed immediately. There were systems in place to reduce the risk of similar issues occurring.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre. The document contained all the information required under Schedule 1 of the Regulations. Some minor changes were discussed during the inspection which required the provider to submitted a revised version of the document. The inspector was informed during the feedback that the person participating in management had addressed one of the required changes the day before the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured a policy was in place for the management of complaints.

- Details of who the complaint officer was were observed to be available within the designated centre. Easy -to -read information was available for residents to access.
- No complaints had been made during 2024 or 2025.
- There was one open complaint at the time of this inspection. The person in charge had logged a complaint on behalf of both residents on 28 January 2026 due to an issue with the internet service in the designated centre. Interim measures were in place such as Wifi hotspots for residents to access if they wished to do so. The person in charge had spoken with the internet service provider and a technician was scheduled to visit the designated centre to assess if a fault in the equipment was the cause. In event that the issue remained unresolved an electrician would be asked to review the connections. Both residents were being kept informed of the actions being taken to permanently resolve the issue.

Judgment: Compliant

Quality and safety

Overall, residents were being supported to receive care in-line with their assessed needs. This included supporting one resident in their home to avail of flexible day service supports. Both residents were able to self direct their planned activities, routines and maintain regular contact with friends and relatives. Both residents had access to their own transport and were supported to make decisions, change plans and organise activities of their choice with the the flexible approach of the staff team.

There was evidence of both residents being consulted in decisions about their care. The inspector reviewed both of the residents personal plans which had been subject to regular and recent reviews. Both residents had personal goals that were meaningful to them which included attending concerts and maintaining their social roles within their family such as being an uncle. There was evidence of review of the goals achieved in 2025 and staff building on these when planning for 2026. This included attending community classes in baking and music, seeking information on new opportunities to attend concerts and engage more in social inclusion activities.

The staff spoken to during the inspection were aware of personal preferences and choices of each resident. For example, one resident preferred to visit social locations which were not too busy and where they could avoid coming in contact with dogs. The other resident liked animals and was supported to care for three pets. However, while the resident liked dogs it was not deemed safe for them to care for a dog in

their home. The resident explained to the inspector how they were able to visit and meet with dogs owned by other persons but understood there was a risk they could fall over a dog if they had one in their home.

Regulation 12: Personal possessions

The person in charge had ensured both residents were supported to have access and retain control of their personal possessions. This included being provided with support to manage their finances. A recent review of how residents were being supported with their finances had been completed to ensure there were no restrictions in place and the supports being provided were in line with the residents expressed wishes.

- One resident was supported by relatives with personal possessions as they needed them such as clothing. The inspector reviewed a list of this resident's personal possessions which had limited entries. However, the inspector was informed only items over the value of 50 euro and purchased by the resident were required by the provider's policy to be included on the personal possession list.
- Residents were supported to participate in managing their laundry in line with their expressed wishes.
- Both residents had adequate space to store their clothing and personal property. Both residents enjoyed being able to leave personal possessions in locations of their choosing knowing no one else would remove them or move them to another location.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensure both residents were supported to make choices in their daily lives, in line with their expressed wishes and assessed needs. Both were supported by a staff member during the day to assist them in engaging in meaningful activities, accessing community groups and social locations. For example, one resident had developed a friendship with a member of staff in a local restaurant and they visited this location weekly to meet with their friend.

- One resident was supported by day service staff in their home each weekday to support their assessed needs and ensure they could have the flexibility to engage in activities of their choice.
- The other resident was supported by their staff team to engage in community activities which they enjoyed as well as attending some activities on the provider's nearby campus which included complimentary therapy and

provided an opportunity for the resident to meet with other peers if they wished to do so.

- Both residents were supported to maintain links with relatives. One resident had increased the frequency of contact with relatives during 2025 and this was described as being a positive development for the resident. The other resident frequently visited their family home and met with relatives.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was found to be clean, well maintained, ventilated and comfortable. The houses were located in a small residential area away from busy roads and traffic.

- Each resident had been supported to decorate their home in line with their preferences. There were personal possessions, photographs and other decor to create a homely atmosphere in both houses.
- The person in charge ensured any issues relating to the premises were addressed in a timely manner. For example, there were some issues identified in the annual report completed in October 2025. These included adding shelving for storage in the laundry rooms.
- The person in charge outlined that additional storage solutions had been identified which included the ordering of a garden shed to store excess items and Christmas decorations. The delivery of the shed was expected in the weeks after this inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured residents were being supported to make choices regarding their meals. This included buying, preparing and cooking their meals if they wished to do so.

- Actions from the previous HIQA inspection in January 2024 had been addressed. This included ensuring all staff were aware of the importance of supporting a resident with a food intolerance and attending food safety training.
- The person in charge ensured staff were aware of the importance of checking labels of food items before purchasing to ensure no items containing the allergen were purchased in error. This information was also included in the staff orientation folder.

- It was evident consistent safe storage of food items was taking place, this included in kitchen presses and relating to refrigerated products.
- Separate appliances such as a toaster were also available to ensure the safety and well being of the resident and reduce the risk of contamination of their food with an known allergen.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate easy to understand format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which outlined the processes and procedures in place to identify, assess and ensure ongoing review of risk.

- The person in charge had completed a recent review on 7 January 2026 of the centre specific risk register. Risks identified with control measures in place included driving for work, noise levels in the designated centre and lone working.
- There were no escalated risks at the time of this inspection.
- Both residents had ongoing review of their individual risks which included the use of disposable cups for one resident. Detailed control measures were in place to support the resident and avoid/reduce the risk of harm due to hot liquids spilling on them. In addition, control measures were in place in the event of a pet dying belonging to a resident.
- Residents were being afforded the opportunity to engage in social activities, be responsible for personal possessions such as pets and increase their independence in activities such as the administration of some of their medications. Risks associated with these activities had been documented with details of control measures in place to support each resident as required.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had protocols in place to monitor fire safety management systems which included a requirement for weekly, monthly, quarterly and annual checks being completed.

- No exits were observed to be obstructed during the inspection. Assurance was provided during the feedback meeting by the person participating in management regarding the utility room doors in both houses. The provider's facilities manager had been contacted during the inspection as the inspector had questioned the doors that were in place. This had also been subject to review by the same inspector on previous inspections. The assurance was provided both during this inspection and previously in written format from a person competent in fire safety that both houses meet the requirements of the relevant Fire Safety in Community Dwelling Houses Code of Practice for Fire Safety in New and Existing Dwellings, September 2017. " The doors between the kitchen and utility room do not form part of a protected enclosure and therefore do not require to be fire rated"
- Both residents had a personal emergency evacuation plan (PEEP) in place. These were subject to regular review and were reflective of the supports and prompts that may be required for each individual. For example, one resident did not like loud noises and required staff to prompt them to evacuate if they were in bed at the time of the alarm sounding. A resident also removed their hearing aids at night and this was documented in their PEEP to make staff aware of the need to ensure the resident was alerted to safely evacuate if they did not have their hearing aids in place.
- Regular fire drills were taking place in the designated centre. Learning and recommendations had been documented and discussed with the staff team and residents following drills that had taken place. For example, one resident had been supported to actively take responsibility to ensure the safety of their bird during fire drills and this had assisted in their participation in regular fire drills.
- All staff had completed up-to-date training in fire safety. It was discussed during the feedback that there were some gaps in the details documented in the completed fire drills which included, no senario or exit used to ensure the residents and staff were using the safest exit in the event of an evacuation being required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed both residents personal plans during the inspection. Both plans were found to be reflective of the individual about whom they were written. Both residents had actively participated in the development of their own plan which had been subject to recent reviews in January 2026.

- The profiles were found to be person centred, reflective of changes that had occurred for residents and provided up-to date information on supports required with activities of daily living, likes and dislikes.
- Both residents had been supported to have a multi-disciplinary review in January 2026. A number of recommendations had been made to ensure each residents rights were consistently being supported, this included the removal of the documentation of a sleep chart for one resident.
- Residents were being supported by key workers to identify meaningful goals. This included a review of goals achieved in the previous year and ways to build on future goals such as attending more concerts, engage in more social activities and maintaining relationships with important people in their lives.
- The person in charge had ensured all staff were aware of the importance of documenting the progress of goals for each resident in line with the provider's protocols.

Judgment: Compliant

Regulation 6: Health care

Both residents were being supported to make choices regarding healthy eating and exercise routines. The provider has systems in place for residents to attend healthcare professionals.

- One resident required regular review with professionals for ongoing issues with a medical condition and these reviews were taking place every six -eight weeks.
- The same resident also had ongoing input for other known health conditions and was being supported to attend their general practitioner as required.
- The other resident was reported to be doing well and did not have any complex medical issues. The inspector was provided with an update on the resident's need for input from an occupational therapist which was documented in one section of their health care plan. However, the recent multi-disciplinary meeting in January 2026 stated that no input was required at this time but could be availed of if required in the future.
- The inspector acknowledges that the staff team and provider were aware that there was a delay in one resident attending a dentist, due to issues outside of the provider's control, However, the person in charge had begun the process of seeking a private appointment for the resident to be seen as their last appointment was in August 2024.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that staff had attended safety intervention training which included seven staff completing the training on the day of the inspection.

- Both residents had positive behaviour support plans in place which had been subject to review in January 2026. The plans were reflective of each residents specific likes and dislikes. The plans contained information regarding possible triggers that may cause increased anxiety and provided staff with guidance on how best to support each resident during different stages of behaviours being expressed. For example, one resident responded well to complementary therapy and had a detailed relaxation plan to support them. Staff were also guided on how to respond verbally to a resident in the event of them asking questions. This was evident on the day of the inspection. The inspector had read the resident's behaviour support plan earlier in the day and knew that it was not advised to respond with "I don't know" if asked a question by the resident. The inspector avoided this response when supporting the resident to change a channel on their television.
- A review of restrictive practices had been completed in January 2026 for both residents. The rationale for some restrictions remained which included the locked side gates for security and locked medication press for safety and well being. The restrictions regarding residents accessing their finances had been further reviewed. Both residents had access to their finances, had their own personal money on a daily basis and were supported by staff to access additional finances in line with their expressed wishes.

Judgment: Compliant

Regulation 8: Protection

All staff had completed up-to-date training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff and residents meetings to enable ongoing discussions and develop consistent practices.

- There were no open safeguarding plans in the designated centre at the time of this inspection. The person in charge ensured ongoing monitoring was in place in relation to the safety of each resident in their home and the lone working that was part of the staff supports in place for both residents.
- Staff spoken too were aware of the possible indicators of abuse taking place and the process to report any concerns if required.
- The personal and intimate care plans promoted the resident's rights to privacy and bodily integrity during these care routines. These had been subject to regular review and ensured each resident's independence was being promoted where possible.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the staff team were striving to ensure the rights and diversity of residents were being respected and promoted in the designated centre. Each resident was involved in regular meetings where plans were made for the coming week, meal planning and information sharing on topics such as safeguarding and fire safety. In addition, where changes were required to be made residents were consulted. Often the changes were at the request of the resident, such as a change to a location or activity that had been previously planned. The flexibility of this approach offered both residents opportunities to make decisions and choices to enjoy meaningful activities and have a good quality of life.

- Residents had been supported to attain some personal goals which included joining community classes, visiting tourist locations and engaging in social activities such as dining out during 2025. Goals had also been identified for 2026 and these were in progress at the time of the inspection such as planning purchasing tickets for concerts in suitable venues.
- Both residents were actively being supported to engage in the self-medication of some of their prescribed medications. Staff had developed easy -to-understand information sheets with photographs explaining the process required to be followed. Staff were also aware of the protocol to be followed to ensure consistency for both residents to attain competency in this process.
- A resident had been supported to have a number of pets in their home, in line with their expressed wishes. This was a source of great joy to the resident. They were given responsibility for looking after the pets and supported by the staff team. The inspector observed the resident to engage on a number of occasions during the inspection with the pets, smiling and affectionately calling them by name as they spoke to the inspector about each one.
- Both residents were supported to attend advocacy meetings if they wished to do so. Each resident's social role was discussed with them and both had their own folders with relevant information on these topics.
- Both residents were supported to maintain friendships with important people in their lives which included peers and friends.
- The resident who had moved into the designated centre in May 2024 described their new home as a great place to live. Staff reported the resident was enjoying increased social activities as well as spending time in their home listening to music without interruption from others which would have previously caused them anxiety in another location.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant