Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Walk B
Name of provider:	WALK CLG
Address of centre:	Dublin 12
Type of inspection:	Announced
Date of inspection:	06 August 2025
Centre ID:	OSV-0003404
Fieldwork ID:	MON-0038997

About the designated centre

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

Walk B is a designated centre operated by WALK CLG. The centre comprises two houses in South Dublin, each located in a suburban area. The centre can accommodate up to five residents, and provides care and support to adults with an intellectual disability. It can also support residents with additional support needs, such as non-complex health care and positive behaviour support. The centre is staffed by a team of direct support workers, and each house has its own team leader, who reports to the person in charge.

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
Wednesday 6 August 2025	08:55hrs to 15:00hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre, Walk B. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's registration.

The inspection was facilitated by the person in charge and team leaders. The inspector used observations and conversations and interactions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations.

This designated centre consists of two homes, each located in a South Dublin suburb. Both homes were visited by the inspector during the course of the inspection. The designated centre is currently registered to accommodate five residents. There were three residents living in one home, and one resident living in the second home. There was one resident vacancy at the time of this inspection. On the day of the inspection, the inspector had the opportunity to meet and talk with three of the residents.

Residents had been made aware of the upcoming inspection and were comfortable with the presence of the inspector in their home. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed all surveys completed and found that feedback was generally positive, and indicated satisfaction with the service provided to them in the centre, including staff, choices and decisions, and people living in the home. Positive comments made by residents included "I like my housemates", "I like helping my community. I help with the monthly clean up and plant flowers", "I am very happy", and "I feel safe and like living here".

The inspector did not have an opportunity to meet with the relatives of any of the residents; however, the provider's annual review of the quality and safety of care provided in the centre evidenced that they were happy with the care and support that the residents received.

The inspector conducted a walk through of both homes within the designated centre. In the first home, the inspector found the environment to be clean, bright, well-furnished, and comfortable, with a layout that effectively catered to the needs of all residents. Each resident had a personalised bedroom that reflected their unique interests and preferences. For example, one resident proudly showed off their bedroom, which was decorated in the colours of their favourite soccer team, complete with pictures, calendars, a signed jersey, and memorabilia that aligned with their tastes.

At the rear of the home, there was an enclosed garden area featuring a smoking

shed and a seating space. This garden was regularly utilised by the residents. Additionally, there was a raised vegetable bed where one resident was growing carrots, rhubarb, and lettuces, which were also used in the home's cooking. The garden area was observed to be tidy, well-maintained, and free from any clutter or obstacles.

One resident engaged the inspector in a conversation about their employment, proudly sharing that they currently held three jobs. They also showed the inspector a celebratory video which had been made highlighting their professional achievements and their passion for their favourite soccer team. Another resident shared their involvement in a local environmental group, mentioning that they had recently received an award for their contributions. The inspector noted that certificates of achievement were proudly displayed in the home's sitting room. Furthermore, the inspector observed a wide array of photographs capturing residents participating in various activities, such as birthday celebrations and dining outings.

The third resident spoke to the inspector after getting up from a leisurely lie-in, as they were enjoying a one-week break from their day service program. The inspector observed that they were capable of independently handling daily living tasks, including using the washing machine. The resident shared their enthusiasm for cooking, mentioning that they planned to prepare a fajita dinner for that evening. Additionally, they expressed a strong passion for gaming and IT related activities, and the inspector observed their dedicated upstairs room was filled with a diverse range of computer and gaming equipment. The resident also enjoyed teaching staff how to use some of the equipment.

The resident in the second home opted not to meet with the inspector but granted permission for the inspection of their home that afternoon. Upon visiting, the inspector found the residence to be tastefully decorated according to the resident's personal preferences. The home featured their favourite colour, along with a variety of items reflecting their interests, such as a guitar, music sheets, and craft supplies in the sitting room. The team leader shared that the resident had a passion for language learning, music, and singing, and it was clear that staff and management had thoughtfully tailored the environment to support those interests. The resident received bespoke daytime support but was fully independent at night, with arrangements in place for emergency contact if and when needed.

The person in charge and team leaders spoke about the high standard of care all residents received and had no concerns in relation to the wellbeing of any of the residents living in the centre. Observations carried out by the inspector, interactions with residents, feedback from staff and documentation reviewed provided suitable evidence to support this.

Through interactions with residents and observations of their time with staff, it was clear that they felt at home in the centre. They were able to live their lives and pursue their interests according to their own choices. The service was guided by a human-rights based approach to care, ensuring that residents were supported to live in a way that aligned with their individual needs, wishes and personal

preferences.

The following two sections of the report outline the findings of this inspection regarding the governance and management structures in place at the designated centre. It also examines how these arrangements influenced the quality and safety of the service provided to each resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the inspector found that the centre was well governed and that there were effective systems in place to ensure that all residents were safe and received a high quality service in the centre, and that any risks were identified and progressed in a timely manner.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The centre was managed by a full-time person in charge who had sole responsibility for this designated centre. The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents. For example, the inspector observed residents being supported to participate in a variety of home and community based activities of their own choosing.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The provider ensured that the directory of residents was readily available in the centre, in full compliance with regulatory requirements. It contained accurate and up-to-date information for each resident.

The provider ensured that the designated centre and all contents, including residents' personal property, were fully insured. The insurance coverage also included protection against risks within the centre, such as potential injury to residents.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and

management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2024, which included consultation with all residents and their families and representatives.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

The person in charge was aware of their regulatory responsibility to ensure all notifications were submitted to the Chief Inspector of Social Services, in line with the regulations.

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.

Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the designated centre.

The staff team comprised of the person in charge, two team leaders, psychology project workers, social care workers, and relief social care workers. The inspector reviewed planned and actual staff rosters, which were maintained in the designated centre for the months of May, June, and July 2025 and found that regular staff were employed, which ensured continuity of care for all residents. Furthermore, all rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

At the time of this inspection, there was one vacancy for a psychology project worker. The provider had already advertised the position and had put suitable arrangements in place in order to ensure the vacancy was covered. For example, a relief social care worker had been hired on a short term contract. This arrangement ensured that there was no negative impact on the residents living in the centre.

During the inspection, the inspector spoke with a number of staff members on duty including the person in charge, and two team leaders and found that all were highly knowledgeable about the residents' support needs and their responsibilities in providing care and support.

The inspector reviewed three staff records and found that they contained all the required information in line with Schedule 2, including an up-to-date vetting

disclosure, evidence of qualifications and two written references.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems for recording and monitoring staff training were implemented, ensuring staff were well-equipped to provide quality care. Examination of the staff training matrix evidenced that all staff members had completed a diverse range of training courses, enhancing their ability to best support the residents. This included mandatory training in fire safety, low arousal (positive behavioural supports), and safeguarding, all of which contributed to a safe and supportive environment for the residents living in this service.

In addition and to enhance quality of care provided to residents, further training was completed, covering essential areas such as safe administration of medication, epilepsy training, autism specific training, emergency first aid, and person-centred planning training. The inspector noted that staff due refresher training were already booked in to complete this. For example, it was noted by the inspector that one staff due person-centred planning training had been booked into complete this in September 2025.

In alignment with the provider's established policy, all staff members consistently received both formal and informal supervision of high quality. As stipulated by the policy, each staff member was to receive four supervision sessions per year, along with two performance development meetings. The inspector's review confirmed that all staff adhered to this requirement. Furthermore, the agendas for these supervision and performance development meetings were thorough and covered critical areas such as resilience and wellbeing, performance accountability, and an evaluation of recent training and career development opportunities.

Judgment: Compliant

Regulation 19: Directory of residents

The provider ensured that a directory of residents was available in the centre which met the requirements of the regulations. The directory of residents was made available for the inspector to complete a thorough review.

The inspector reviewed the directory of residents for both homes within the designated centre and found that it included accurate and up-to-date information in respect of each resident living there. For example, information pertaining to the name, address and telephone number of each resident's general practitioner (GP),

the date in which the resident first moved into the designated centre, and the name, address and telephone number of each resident's next of kin was all recorded.

Judgment: Compliant

Regulation 22: Insurance

The designated centre was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

A copy of the insurance was also made available to the inspector during the inspection who reviewed it and found that it ensured that the building and all contents, including residents' property, were appropriately insured.

In addition, the insurance in place also covered against risks in the centre, including injury to the residents living in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced to deliver effective care and support to residents and to ensure that they had a good quality of life in their new home. For example, staffing levels were appropriate to their needs, and multidisciplinary team services were involved in the development of individual care plans.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge who also had responsibility for the management and oversight of another designated centre. The person in charge was supported in their role by two team leaders who had a comprehensive understanding of the service needs. The person in charge ensured they had effective structures in place to support them in meeting their regulatory responsibilities. In addition, they were supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

There were good management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The provider and local management team carried out a suite of audits, including audits on medicine, personal plans, residents' finances, fire safety, infection prevention and control, risk management and the premises. Audits reviewed by the inspector were comprehensive, and where required identified actions to drive continuous service

improvement.

An annual review of the quality and safety of care had been completed for 2024. A copy of this report was submitted by the provider prior to the inspection and was reviewed by the inspector. It evidenced that the annual review assessed the centre against relevant national standards while also containing important feedback from and consultation with residents and their representatives. In addition, the inspector reviewed the action plan created following the provider's most recent six-monthly unannounced visit, which was carried out in March 2025. Following review of the action plan, the inspector observed that the majority of actions were completed or in progress, and that they were being used to drive continuous service development and improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to the residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to the residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of each home within the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their regulatory responsibility to ensure notifications were submitted to the Chief Inspector, in line with the regulations.

Prior to and during the course of the inspection the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge ensured that all relevant adverse incidents were notified in the recommended formats and within the specified time frames.

In addition, the inspector observed that learning from the evaluation of incidents was communicated promptly to appropriate people and was used to improve quality

and inform practice.

Judgment: Compliant

Quality and safety

This section of the report provides an overview of the quality and safety of the service provided to the residents living in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred.

The provider and person in charge had ensured that all residents were provided with appropriate care and support that gave them multiple opportunities to enjoy a good quality of social care. Staff were cognisant of each resident's personal interests and preferences for activities, and ensured these were scheduled and planned for them.

The inspector completed a walk around of each home within the designated centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that each premises, both internally and externally, was of sound construction and kept in good repair. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their individual taste and preferences.

Arrangements were in place to ensure residents received adequate, nutritious, and wholesome meals tailored to their dietary requirements and personal preferences. Residents were encouraged to eat a varied diet, with their food choices being fully respected.

The inspector found evidence that the provider was ensuring the delivery of safe care while balancing the right of residents to take appropriate risks to maintain their autonomy and fulfill the provider’s requirement to be responsive to risk. The organisation's risk management policy met the requirements as set out in Regulation 26. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in each home within the designated centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal emergency evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions residents required.

Where required, wellbeing support plans were developed for residents. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 13: General welfare and development

Residents had access to and opportunities to engage in activities that aligned with their preferences, interests, and wishes. A wide range of activities was available both within the centre and in the local community, ensuring residents could participate in meaningful and enjoyable experiences. For instance, one resident participated in cookery and woodwork classes in the local community college, another resident was actively involved with the local environment group, and another resident was engaged in meaningful employment.

Staff were cognisant of each resident's personal interests and preferences for activities, and ensured these were scheduled and planned for them. The inspector saw evidence that residents were able to take part in activities of their own choosing. This included certain activities that involved an element of positive risk-taking. Residents were not unduly dissuaded or discouraged from exploring different activities and staff and management were observed to make every effort to facilitate residents' requests.

The inspector reviewed key working notes from meetings held in June and July 2025 and found evidence of important topics being discussed with residents including community inclusion and valued social roles, employment and work experience, and assessing education and formal learning.

Judgment: Compliant

Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6

of the regulations.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

Residents had their own bedroom which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures and posters, soft furnishings and memorabilia that were in line with their personal preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal tastes. In addition, each resident's bedroom was equipped with sufficient and secure storage for personal belongings.

Residents were able to freely access and use the available spaces within the centre and its gardens. All facilities were well maintained and in good working order. There was sufficient private and communal space for residents, along with appropriate storage facilities.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents living in this designated centre did not have an assessed need in the area of feeding, eating, drinking and swallowing (FEDS).

The inspector observed that all residents were offered choices at every meal and actively participated in meal planning and preparation. For example, a visual board in the kitchen displayed weekly meal information and assigned cooking responsibilities. Additionally, one resident, who had a strong interest in meal preparation, shared details with the inspector about the dinner they were set to prepare for the house that evening.

The inspector noted a diverse range of food and drinks, including fresh and perishable items, stored in the kitchen for residents to select from. All items were stored in a hygienic manner. The kitchen was also well-equipped with high-quality cooking appliances and utensils, providing residents with everything needed to prepare their own meals.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had an established risk management policy in place. The provider had

ensured that the policy included all necessary information in accordance with regulatory requirements. For instance, it contained detailed information on managing the unexpected absence of a resident, accidental injuries, self-harm, and outlined the systems in place within the designated centre for the assessment, management, and ongoing review of risk.

On the day of this inspection, the inspector found that each residents' safety, health and wellbeing was supported through individual right plans. These plans referenced specific individual risks and restrictive practices which were in place for the resident. Additionally, service specific risks were recorded on the centre's risk register. The inspector completed a review of this, which identified a total of 36 risks covering areas such as health and safety and clinical risks.

The inspector found evidence that all identified risks were appropriately risk assessed and included appropriate measures and actions in an attempt to control and mitigate identified risks.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that fire panels were addressable and easily accessed and all fire doors, including bedroom doors closed properly when the fire alarm was activated. Emergency exits were thumb lock operated, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident’s awareness of the fire safety procedures. For example, the inspector reviewed three residents' personal emergency evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency.

Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation. One resident the inspector spoke with was fully aware of evacuation routes, and what to do in the event of an emergency.

The inspector reviewed fire safety records, including evacuation practice records and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents in the event of an emergency during both day and nighttime circumstances.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured assessments of residents' needs were completed and informed the development of personal plans. The inspector reviewed three residents' assessments and plans.

The plans, included those on personal, health, and social care needs, were up to date, sufficiently detailed, and readily available to staff in order to guide their practice. Staff spoken with were knowledgeable regarding residents' assessed needs and were observed providing support that was in line with residents' care plans.

The inspector reviewed three residents' personal plans, which were in an accessible format and detailed goals, wishes and aspirations for 2025 which were important and individual to each resident. Personal plans included information relating to the following:

- My vision
- What people like and appreciate about me
- What is important to me
- Communication
- How to support me.

Examples of goals set by residents for 2025 included going on holidays, continue with current employment, increase involvement in local community, cook independently and continue to attend weekly cookery class, and become involved in meaningful employment. The provider also had in place systems to track goal progress. For instance, goals were discussed with residents during key working meetings, and recorded in goal progress documentation on the provider's online system.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective arrangements were in place to provide positive behaviour support for residents with assessed needs in this area. For example, all residents had up-to-date wellbeing support plans on file. The inspector reviewed four wellbeing plans and found that these were very detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan identified potential stressors and stress indicators, alongside proactive and preventative strategies designed to minimise the risk of behaviours that challenge from occurring.

The provider ensured that staff had received comprehensive training, equipping them with the knowledge and skills required to support residents effectively. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were 16 restrictive practices used within the designated centre. The inspector completed a full review of these and found they were the least restrictive possible and used for the least duration possible. The inspector found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive practices in place were subject to regular review by the provider's restrictive practice committee (Risk and Safeguarding Operating Group), appropriately risk assessed and clearly documented as per the provider's policy.

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 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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant