



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

Issued by the Chief Inspector

Name of designated centre:	Bealach Beag
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	09 June 2026
Centre ID:	OSV-0007889
Fieldwork ID:	MON-0041769

About the designated centre

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

Bealach Beag provides full time residential care for up to four adults with an intellectual disability. It is a two-storey house with five bedrooms situated in a suburb of Co. Dublin. It is close to a number of local amenities such as shops, hairdressers, coffee shops and restaurants. Residents have access to a bus to and the house is close to good public transport links including a railway station and bus routes. Residents are supported by social care workers and care staff 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 9 June 2026	09:30hrs to 16:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that two residents currently living in this centre received quality care, in which their independence was promoted. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. It was noted that one of the policies required by Schedule 5 of the regulations was overdue for review and there were two staff vacancies at the time of inspection.

The centre is registered for four adult residents but there were only two residents living in the centre at the time of this inspection. Consequently there were two vacancies. A resident had recently been discharged from the centre to another centre operated by the provider as it had been assessed that the layout of centre was no longer suitable to meet the resident's changed health needs. There had been a recent admissions meeting held by the provider but no new residents were identified as suitable to be admitted to the centre. The two residents had been living together for an extended period, were of a similar age and considered to get along well together. One of the residents had been admitted to the centre in 2024 but the two residents had previously lived together in a congregated setting for a number of years. The centre was located in an established residential area and it was noted that the residents had good relations with a number of their neighbours.

This centre comprises of a five-bedroom two-storey detached house. It is located in a residential area, in a suburb of Dublin close to a range of local amenities and local transport links. The house was observed to be homely and well maintained. Since the last inspection, maintenance work had been completed with repainting of walls and wood work in a number of areas, including the kitchen press doors. The provider had identified that a new kitchen was required in the centre and this was reportedly in the final stages of procurement. The centre comprised of one resident bedroom on the ground floor which had an accessible en-suite facilities. There were three resident bedrooms upstairs and an accessible shower room and separate bathroom. There was a further toilet on the ground floor. The ground floor also included a good sized kitchen and a dining room come sitting area which looked out on the back garden and led to a separate sitting room to the front of the house. There was a good sized enclosed and paved accessible garden to the rear of the centre. It included planted flower beds and a table and chair for outdoor dining. There was a separate building to the rear of the centre which included a laundry room and a separate room and adjoining toilet which residents could use to entertain visitors.

The inspector met with both of the residents on the day of inspection. Residents were observed to appear happy and content in each others company and to interact with staff and each other. One of the residents was observed to enjoy playing on-line bingo with staff and the other resident was noted to appear to enjoy the

interactions. Both residents were supported by staff to use public transport to visit the local public library on the day of this inspection, as they both had books they wanted to return in exchange for new books. Over the course of the day, one of the residents was reluctant to engage with the inspector but was noted to smile and interact with the staff on duty and the other resident. The other resident told the inspector that they were 'happy' and felt 'safe' living in the centre. This resident told the inspector about their journey on the bus to the library and about interesting people they chatted with enroute. The inspector observed a meal time which was noted to be a social and unhurried occasion. Both residents were noted to enjoy homemade soup for their lunch on return from their library trip before individually going out for a health professional appointment and a social outing in the afternoon. It was evident that both residents were proud of their home and one of the residents told the inspector that they enjoyed doing some chores to keep their home nice. One of the residents had an upcoming birthday and told the inspector of their plans to have a party in the centre with staff and some of their relatives.

A staff member who met with the inspector on their arrival to the centre provided them with a full overview of the fire evacuation procedure and infection control requirements in the centre. Staff were observed to treat residents with kindness and respect. This included observations of a staff member supporting a resident in a kind and respectful manner, as they prepared to leave the centre for a health professional appointment. The staff members on duty were observed to spend time chatting and laughing with both residents.

There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families or representatives regarding residents' care and decisions related to the the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. A relative of one of the residents completed an Office of the Chief Inspector questionnaire regarding the observations of the quality and safety of care being provided. This indicated that they were very happy with the care and support being provided. A staff member completed a questionnaire on behalf of the other resident which also indicated that they were happy with all aspects of their care. The residents were supported to maintain relations with their respective families with visits in the centre by family and resident visits to their respective family homes. The provider had completed a survey with the residents and their relatives as part of their annual review of the quality and safety of care. This indicated that families were happy with the care and support being provided for their loved ones.

There had been no recorded complaints in the centre in the preceding 12 month period. Suitable complaints policies, procedures and processes were in place. Information in relation to complaint process, the confidential recipient, decision-making capacity and the national advocacy service were available in the centre. Records reviewed by the inspector showed that all staff had completed training in a human-rights based approach to health and social care, in addition to training on the Assisted Decision Making (Capacity) Act, 2015. The provider had a rights officer

in place and their photo and contact details were observed on display on the notice board in the office.

Both of the residents were advancing in years and enjoyed a consistent routine and engaged in a number of meaningful activities in their local communities. Neither of the residents were engaged in a formal day service program but enjoyed an individualised service from the centre. One of the residents was supported by staff to engage in paid employment in a local shop for a period, one day per week. One staff member was allocated to each resident during the day. It was noted that both of the residents enjoyed partaking in a number of activities together, including overnight hotel breaks. Activities that one or both of the residents engaged in included, visits to family, church visits, arts and crafts, shopping trips, beauty treatments in the centre and local beauticians or hairdressers, walks in local area, bowling and cinema trips. The centre had its own dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. It was noted that a number of the staff team were unable to drive the centre vehicle which meant that for some shifts a driver might not be available. However, there were a number of amenities within walking distance including, shops, public house and restaurant. In addition the centre was close to a number of public transport links. It was noted that one of the residents used mobility aids, a rollator when in the centre and a wheel chair while out in the community. The person in charge reported that a request had been submitted for the purchase of a wheel chair accessible vehicle.

In summary, this was a well run service which provided quality care for the residents living in the centre. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. Further to the last inspection the provider had addressed a number of areas to bring the centre into compliance. The provider had ensured that the centre was resourced with sufficient facilities and available supports to meet the needs of the residents. However, there remained two whole time equivalent staff vacancies at the time of inspection. Recruitment for this position was underway and the vacancies were generally being covered by a small number of regular agency staff.

The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six-monthly basis as required by the Regulations. A number of audits and checks were completed in the centre in line with an audit schedule in place. These included care plan audit, health and safety,

finance, infection prevention and control audits, medicines management, finance audit and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service.

The centre was managed by a suitably qualified and experienced manager. The person in charge was in a full time position but was also responsible for two other centres located within the same geographical area. They had a background as a registered general nurse and midwife, and held a masters in health management planning and a degree in nursing science. The person in charge had more than 15 years management experience.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the clinical nurse manager 3 (CNM 3) who in turn reported to the service manager. The inspector reviewed meeting records which showed that the person in charge and CNM 3 held formal meetings on a regular basis.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to assess the provider's application to renew the registration of the designated centre. The inspector reviewed the documentation submitted as part of the renewal application, including the statement of purpose and supporting information required under Schedule 1 of the Regulations. The inspector found that the provider had submitted a complete and accurate application for renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted for the person in charge. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full time position but was responsible for two other centres located within the same geographical area. They were found to be effectively involved in the governance and

management of this centre. In interview with the inspector, the person in charge demonstrated a good knowledge of the residents' care and support needs and oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. However, at the time of inspection, there were two whole time equivalent staff vacancies. These vacancies were being covered by a regular small number of agency staff. Recruitment for the positions was reportedly underway but had not been finalised on the day of inspection.

A significant number of the staff team had been working in the centre for an extended period. The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs rostered on shifts. The inspector noted that the individual residents' needs and preferences were well known to the person in charge and the staff met with on the day of this inspection. The staff team comprised of social care workers, care staff and the person in charge.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. There were no volunteers working in the centre at the time of inspection. Staff supervision arrangements were in place. Team meetings were undertaken on a regular basis. The inspector reviewed the minutes of staff meetings. These were chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with were clear on the management structures and supports in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six-monthly basis as required by the Regulations. A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, finance, infection prevention and control audits, medicines management, audit of personal support plans, finance audit and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had recently been reviewed. It was found to contain all of the information set out in Schedule 1 of the Regulations and to be reflective of the service provided. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Chief Inspector of social services in line with the requirements of the regulations. The inspector noted that there were a low number of incidents in the centre. A staff member spoken with was clear about the reporting requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures in place pertaining to the matters set out in schedule 5 of the Regulations. These were readily available for

use by staff in the centre. However, one of the policies, the risk management policy had not been reviewed in line with the frequency required in the Regulations. The risk management policy, was dated October 2022 which meant it had been over three years since it had last been reviewed.

Judgment: Substantially compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan document reflected the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual needs and choices. Further to the last inspection, the residents personal plans had been reviewed in line with the requirements of the regulations. Meaningful and measurable goals had been identified for each of the residents and there was evidence that progress in achieving the goals were being monitored and recorded. In the preceding 6 month period the provider had introduced a new person centred planning policy and process. All staff had received training on the new policy and procedure for person centred planning and the trainers contact details were on display in the centre so that staff could contact them should they need support with personal support plans

The health and safety of residents, visitors and staff were promoted and protected. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented. There had only been one recorded incident in the preceding six month period and there were no safeguarding incidents.

The two residents individually and collectively presented with minimal behaviours of concern. There were minimal restrictive practices in use in the centre.

Regulation 17: Premises

The centre was observed to be homely, comfortable and warm. The inspector observed that all of the matters set out in Schedule 6 of the regulations had been put in place. For example, the inspector saw that there was adequate storage facilities in place for the residents' belongings.

Further to the last inspection maintenance works had been completed with repainting of a number of areas and repair of a wardrobe in one of the resident's bedrooms. A new kitchen for the centre was in the final stages of procurement but as an interim measure the current kitchen had been repainted.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. However, as outlined under Regulation 4, the risk management policy was dated October 2022 and consequently was overdue for review. This has been addressed under Regulation 4: Policies and Procedures.

The inspector reviewed environmental and individual risk assessments and safety assessments, which had recently been reviewed. These indicated that where risk was identified, the provider had put appropriate measures in place to mitigate against the risk. The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk, which were completed at regular intervals. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. The inspector reviewed records of incidents. There was a low number of incidents in the centre in the preceding period and evidence that all incidents were reviewed by the person in charge, and where required, learning was shared with the staff team and risk assessments were updated to mitigate their re-occurrence.

Judgment: Compliant

Regulation 28: Fire precautions

Precautions were in place against the risk of fire. The previous inspection of the centre identified that a number of improvements were required in relation to fire safety. The current inspection indicated that suitable actions had been taken. For example, a self closing hinge had been reapplied to a door in the centre and actions taken to ensure that all members of staff attended a fire drill on a regular basis.

Fire drills with residents were undertaken at regular intervals. A personal emergency evacuation plan was in place for each resident and accounted for the mobility and cognitive understanding of the respective resident. Risk assessments for fire had been completed and were subject to regular review. The inspector observed that

there were adequate means of escape. A fire assembly point was identified in an area to the front of the house.

The inspector reviewed documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company. Records reviewed by the inspector showed that the fire fighting arrangements in place were checked regularly as part of internal checks in the centre. The inspector tested the release mechanism on a sample of doors which had a self closing device in place and found that they were successfully released and observed to close fully. There was a fire safety policy in place. Overall, the systems in place were effective.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were suitable and appropriate practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medications. All medications were appropriately stored in a locked press in the staff office. Records reviewed by the inspector indicated that medicines were administered as prescribed. Records were maintained of all out of date or returned drugs to the pharmacy who also signed their return. Appropriate separate storage arrangements were in place for drugs for return or out of date medicines. Following assessment, it had been determined that it was not suitable for either of the residents to be responsible for their own medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal support plan for each of the residents. The plans were found to reflect the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. There was evidence of multidisciplinary team input where required. For example, the inspector saw that there was dietitian input for one of the residents who required a modified diet.

There was evidence that each resident's personal plan was reviewed by the resident's key worker on a regular basis. A comprehensive annual review of the personal plan had recently been completed for each of the residents. This included participation of the individual resident and their representatives. It included an assessment of the effectiveness of the plan in place, in line with regulatory

requirements. Meaningful and measurable goals were identified for each of the residents.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to ensure residents were appropriately safeguarded. There had been no safeguarding incidents the centre in the preceding 12 month period. Overall, the inspector observed that the residents were comfortable in each others presence and had similar interests. The residents did not require support in relation to any behaviour support needs.

There were no safeguarding plans in place at the time of inspection. Suitable safeguarding procedures and reporting arrangements were in place. The provider had a safeguarding policy in place. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service if they so chose. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service were available in the centre. There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding the resident's care and the running of the centre. The provider had a rights officer in place whose contact details were on display in the centre and who could be contacted by staff or residents for guidance or support in relation to residents' rights. There was a complaints procedure in place. There had been no complaints in the preceding 12 month period.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bealach Beag OSV-0007889

Inspection ID: MON-0041769

Date of inspection: 09/06/2026

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 service provider continues to progress its recruitment efforts, with the most recent open day interviews for social care staff completed on 24/06/2026 and further, the HR continues to run social care staff vacancies. Care staff interviews are scheduled for 21/07/2026	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Risk management policy now contains a Document control revision sheet – same reviewed 11/10/2025	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/10/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/06/2026