



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

Issued by the Chief Inspector

Name of designated centre:	Avalon
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	21 January 2025
Centre ID:	OSV-0008665
Fieldwork ID:	MON-0045912

About the designated centre

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

This designated centre is registered to provide a residential service for a maximum of two residents over the age of 18 years. The centre is operated from a bungalow style residence located close to a range of services and amenities in the busy town. Each resident is provided with their own ensuite bedroom. A third bedroom serves as a staff office and sleepover room for staff on duty at night. Residents have access to spacious shared communal space that includes a living room, dining room, kitchen and an additional bathroom. Additional facilities include a utility room with laundry facilities. There is space for parking cars to the front of the house and a pleasant secure garden space to the rear of the property. The model of care is social. Staffing levels and arrangements are dependent on the number and the assessed needs of the residents in receipt of a residential service. The day-to-day management and oversight of the service is delegated to the person in charge who reports to the Director of Services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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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 21 January 2025	09:15hrs to 14:15hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority, (HIQA), following an application submitted by the provider to the Chief Inspector of Social Services to change the conditions attached to the registration of this designated centre. The provider wished to increase the footprint of the designated centre and the maximum number of residents who could be accommodated by adding another house to the designated centre. It was the intention of the provider to provide a respite service in both houses.

While registered, the provider had not consistently provided a residential service in this designated centre and there were no residents in receipt of a residential service on the day of this inspection. The provider has utilised the centre on a short-term basis. For example, to provide accommodation for residents while refurbishment works were completed in their own designated centre. This inspection therefore focused on establishing the suitability of the design and layout of the centre, the adequacy of the fire safety arrangements, the effectiveness of the governance and management arrangements and other arrangements the provider had in place to ensure residents received a safe and quality service when the centre was occupied.

This inspection was facilitated by the person in charge who was also a member of the senior management team. The person in charge could clearly describe to the inspector how they maintained oversight of the service in the context of their overall management responsibilities. The person in charge outlined for the inspector the rationale for the application to vary the conditions of registration. The person in charge spoke of the consistent demand for respite services. The provider had an active waiting list of residents and families seeking to avail of a respite service.

The inspector found that the house was comfortable and finished to a high standard and suited to the proposed provision of a respite service. For example, residents would have access to their own bedroom, the communal spaces were bright and welcoming and the location of the house meant that residents if they wished could readily access a number of nearby amenities. There were some issues that did require attention by the provider. For example, some modifications had been made to the design and layout of the centre that were not reflected in the floor plans that had been submitted with the application to vary conditions. The provision of portable fire-fighting equipment was limited. A review by a competent person of the heating boiler was needed.

The next two sections of this report will present the findings of this inspection in more detail and will also describe how the provider responded to the findings so as to ensure the appropriateness, quality and safety of the service that would be provided to residents.

Capacity and capability

A clearly defined management structure was in place. There was clarity on roles and responsibilities. The provider confirmed that resources were in place to support the application to vary the conditions of registration.

The management team comprised of the person in charge who was supported in that role by a social care worker working as a coordinator. In their role of regional manager the person in charge had good autonomy over any decisions made in relation to the occupancy of the centre and the planned change to the conditions of registration. While satisfied with the current management arrangements the provider had a plan to recruit additional persons to participate in the management and oversight of the service once the respite service was operational.

The person in charge confirmed that the provider would need to recruit additional staff prior to opening the house to respite users.

The provider had a system in place for ensuring notifications were submitted to the Chief Inspector. For example, for incidents that had occurred while residents were temporarily living in the designated centre.

Registration Regulation 8 (1)

Based on the observations of this inspection amendments were needed to the floor plans that had been submitted as some modifications had been made such as the provision of additional doors and increasing the size of a lobby. The amended floorplans were submitted to the Chief Inspector of Social Services based on the verbal feedback provided by the inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was the regional manager and a member of the senior management team. Therefore the person in charge had good autonomy and accountability for decisions made about the operation of the designated centre. The person in charge had the experience, skills and qualifications required for the role of person in charge. The person in charge described how they maintained oversight of the service. The person in charge had support if needed from a coordinator and also liaised with other relevant stakeholders such as the day service managers. The

person in charge reported to the Director of Services for the region.
Judgment: Compliant
Regulation 19: Directory of residents
The inspector saw that the provider had a template for collecting key information about residents that could then be used to establish a directory of residents. For example, each residents name and date of birth, the name, address and contact details of their representative and, the name of any organisation or body associated with a residents admission to the designated centre.
Judgment: Compliant
Regulation 23: Governance and management
The inspector was assured governance and management arrangements were in place to ensure the provision of an appropriate, safe and quality service. For example, the person in charge detailed for the inspector how the respite service would commence only when adequate and suitable staff had been recruited. The person in charge described how staffing levels and arrangements would be decided by the number and the assessed needs of residents such as their compatibility to share a respite stay. The person in charge assured the inspector that the centre was adequately resourced. Lines of responsibility and reporting relationships were clear. For example, the person in charge described how they met formally with the coordinator who supported them in the day-to-day management and oversight of the existing respite service. Meetings were also convened with the day service managers as residents due to avail of the respite service were also generally attendees of the day services. The provider had established formal systems of quality assurance that included the annual and six-monthly quality and safety reviews required by the regulations. These would be utilised in the centre once the consistent provision of services to residents commenced.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The provider had a policy and procedures detailing how each application for respite was assessed. The policy took account of the requirement of the provider to ensure that residents needs were compatible so as to protect residents from the risk of

harm and abuse by a peer. The provider had a contract tailored to the provision of a respite service such as the number of sanctioned respite nights and any fees that were payable.
Judgment: Compliant
Regulation 3: Statement of purpose
The provided reviewed and updated the statement of purpose in conjunction with the application to vary the conditions of registration of the designated centre. The inspector read the statement of purpose and it contained all of the required information including the proposed changes. For example, the record set out that a respite service would be provided and how referrals including emergency referrals would be responded to. Based on the observations of this inspection changes were needed to the floor plans attached to the statement of purpose. This was addressed by the provider based on the verbal feedback provided by the inspector.
Judgment: Compliant
Regulation 31: Notification of incidents
The provider had a system in place for ensuring notifications were submitted to the Chief Inspector of Social Services. For example, notifications had been submitted for incidents that had occurred while residents were temporarily living in the designated centre. Where no incidents which required notification had occurred because the centre was unoccupied, this was also notified in the prescribed format.
Judgment: Compliant
Regulation 4: Written policies and procedures
The provider had a range of national and local policies and procedures available on its system for the storing and management of soft copy records. All staff had access to this system. The inspector was provided with access to the system and saw that a broad range of policies and procedures including those specified in Schedule 5 of the regulations were in place. These included for example, the providers policies on safeguarding residents from abuse, the management of resident's personal property and monies, the arrangements for receiving visitors and the health and safety of residents, staff and visitors. The dates on the policies indicated that the provider

had a system for reviewing these policies as needed and at least every three years.

Judgment: Compliant

Quality and safety

As stated in the opening section of this report there were no residents living in this designated at the time of this inspection. There was no defined timeframe for the commencement of a respite service in this house. This inspection was therefore focused on establishing that the premises was suited to providing residents with a safe and comfortable home for the duration of their respite stay and, that they would be safe for example, from the risk of fire.

While there were no active resident personal plans for the inspector to review the inspector discussed with the person in charge how resident's needs were assessed and plans were prepared so that the arrangements needed by residents were in place. The person in charge described how this was completed in conjunction with the day services. The person in charge had good knowledge of the needs and circumstances of residents hoping to avail of respite in this centre as many of them were attending the provider's day services.

While designed and laid out to a high standard the person in charge understood that the premises may not be suited to residents with higher needs such as wheelchair users. For example, the space available in the ensuite bathrooms. However, the person in charge was also aware of residents who would be well suited to and who would enjoy the location and facilities of this house such as its proximity to the nearby shopping centre. Accessible facilities were available in the house to be attached to this designated centre.

The premises had been refurbished to a high standard including a bright and spacious extension to the rear. The provider had systems for identifying and addressing general maintenance issues. However, based on the observations of this inspection there were issues to be addressed including a review of the heating system and attending to electrical wiring.

The inspector saw fire safety arrangements such as the provision of a fire detection and alarm system and doors with self-closing devices designed to contain fire and its products such as smoke for a prescribed period of time. However, the provision of portable fire-fighting equipment was limited.

Regulation 17: Premises

The house had been refurbished to a high standard and provided each resident with

their own bedroom and access to spacious communal rooms. Facilities such as a well-equipped kitchen and laundry facilities were also provided. There was ample personal storage space for residents to use in the context of a respite stay. Heating was provided by means of an underground system of heating fuelled by an external oil burner. However, while external to the building, on the day of inspection there was a pronounced fuel like odour in the utility room. The odour was more pronounced in the cupboard in the utility where the internal workings of the heating system were housed. The person in charge confirmed the presence of the odour and advised the inspector that this odour had not previously been noted or reported. The inspector noted that the person in charge ensured that the odour was brought to the attention of the relevant person and requested a review by them of the heating facilities. The inspector noted that the external emissions pipe from the boiler did not provide good height clearance of the adjacent windows of the main bathroom and the staff office.

There was what appeared to be a standard electrical socket (designed to be wall mounted) providing an active power source lying loosely on the floor of the press that housed the heating works. The appropriateness and safety of this required review in line with the requirements of the agreed standards for electrical installations.

Residents had access to the pleasant rear garden via a patio door in the dining room. There was a marked height difference between the height of the dining room floor and the external patio that posed a potential risk for a fall.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had produced a guide for residents. The inspector read the guide and noted that all of the required information was in the guide. The guide advised residents for example, of the facilities they would be provided with, how to make a complaint, receiving visitors, any charges they would have to pay and how they would be consulted with.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety arrangements and, procedures for maintaining oversight of these. For example, there was documentary evidence on file that testing and inspection of the fire safety arrangements took place at the required intervals. However, the inspector noted that only two portable fire extinguishers were

available in the house and these were located in the main hall of the house a distance away from, for example, the main kitchen and the utility room. The person in charge told the inspector that a very recent fire risk assessment had been completed by an external person and this was one of the findings from the risk assessment and would be addressed.

The inspector noted that the extent of the emergency lighting was somewhat limited and may not provide sufficient illumination for staff and residents to evacuate the house. For example, there was none provided in the bedrooms to guide staff to items they may need to retrieve such as rescue medicines and lighting to better orientate residents to bedrooms they would not be overly familiar with in the context of respite provision. This required review by the provider to establish the extent and adequacy of the illumination provided.

Judgment: Substantially 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 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Avalon OSV-0008665

Inspection ID: MON-0045912

Date of inspection: 21/01/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: There was a pronounced fuel like odour identified in the utility room. This has been reviewed and was brought to the attention of the relevant person and requested a review by them of the heating facilities. A report is to be issued and some recommendation in terms of upgrading the boiler is likely needed. In the interim the competent person did his assessment and determined no risk to the current system. These upgrades will be reviewed and addressed to the satisfactory standard. Completion 31/3/2025</p> <p>There was a standard electrical socket which needed to be wall mounted providing an active power source lying loosely on the floor of the press that housed the heating works. Completed 27/1/2025</p> <p>A review of the patio door from the dining room took place. There was a marked height difference between the height of the dining room floor and the external patio that posed a potential risk for a fall. The PIC has reviewed this with the facilities personnel and is preparing a scope of work for what is needed. These works will be progressed once agreed to ensure the safety of all users of this patio door. Completion 31/7/2025.</p> <p>Completion 31/07/2025</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire extinguishers were reviewed in the house and a recent fire risk assessment had been completed by an external competent person and the finding was that more extinguishers were required. This will be addressed. Ordered and completion date of 28/2/2025. The inspector noted that the extent of the emergency lighting was somewhat limited and</p>	

may not provide sufficient illumination for staff and residents to evacuate the house. This review is ongoing and once report is issued any additional lighting will be installed by 31/7/2025.

Completion 31/7/2025

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 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/07/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/07/2025