



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

Issued by the Chief Inspector

Name of designated centre:	Charnwood Park - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	30 October 2025
Centre ID:	OSV-0003073
Fieldwork ID:	MON-0048173

About the designated centre

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

Charnwood Park – Community Residential Services is a community-based home providing full-time support for three adult residents with mild to moderate intellectual disabilities. The centre is located in a residential area of Co. Dublin within walking distance of shops, cafés, restaurants, churches, parks and a shopping centre. The centre comprises a two-storey house with a front driveway and a private rear garden. There are three single-occupancy bedrooms located upstairs. A staff office/sleepover room is also located upstairs. There is a main bathroom and one bathroom en suite upstairs, and one downstairs toilet. There is also a kitchen and dining area, utility, and two sitting rooms. The staff team is comprised of a person in charge (social care leader) and social care workers. Residents are supported by one sleepover staff, and additional staffing is put in place in line with residents' needs. A nurse manager on call is available to provide nursing support, if required. A service vehicle, shared with another designated centre, is available to facilitate residents' participation in community activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 30 October 2025	10:00hrs to 17:30hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day to inform a decision on renewal of the registration of the designated centre. The inspection also assessed the registered providers ongoing compliance with The Health Act 2007 (Care and Support of Resident in Designated Centres (Children and Adults) With Disabilities Regulations 2013.

On the day of inspection the person in charge was on leave, the inspector met with a person participating in management briefly in the morning of the inspection, again in the afternoon of the inspection and for feedback following the conclusion of the inspection. The inspector was able to meet with and speak to the three residents and one staff coming off duty as well as the staff member on shift for the day of inspection.

Charnwood Park is a single building consisting of a two-storey house in a large housing estate in Co. Dublin that is registered for a maximum of three residents. The house comprises four bedrooms, two bathrooms, kitchen, main sitting room and a smaller sitting room. The inspector viewed all three resident bedrooms and observed they were decorated to the residents' choosing, with one resident's room re-decorated the day prior to the inspection and contained family photos and evidence of hobbies enjoyed by the resident.

On arrival at the location the inspector was greeted by one staff member and two of the three residents who were at home on a day off. The inspector had the opportunity to sit and speak with one resident before they went on an outing with a family member. The resident informed the inspector that they were very happy in their home, the resident spoke positively regarding their relationship with the staff team and also their housemates. The resident spoke about family contact, discussing with the inspector their weekly Skype call with a family member abroad.

A second resident met with the inspector and showed the inspector their bedroom while discussing their views on their home. Again, the resident spoke positively about their home, indicating to the inspector they were very happy. The resident proudly showed the inspector photos of their family including family members who had passed. The resident also showed the inspector arts and crafts they enjoy engaging in. The resident again spoke about the positive relationship with housemates and staff and told the inspector that if they had anything they were concerned about, they would feel comfortable speaking to the staff team on the matter.

The third resident met with the inspector in the afternoon and had a cup of tea at the kitchen table. The resident spoke positively about their day attending a friendship group. The resident spoke about wanting to relax for the evening catching up on soaps after a busy day. Once more, the resident spoke positively about their home. They spoke about enjoying going for walks, swimming, nail and

hair appointments and spa treatments. They spoke about getting new wardrobes this week for their bedroom which had just been re-decorated. The resident spoke positively about family contact talking about seeing their niece and nephew which they enjoyed. The resident also told the inspector that they too would feel comfortable in speaking to staff in the event they had a worry or concern.

The inspector observed positive interactions throughout the day between all staff members and residents, the home had a friendly and positive atmosphere. Notwithstanding these positive observations, concerns were raised on the day of inspection regarding governance and management, care plans, risk management and residents rights. The next two sections of the report will outline in greater detail specific findings against the regulations inspected. Also, how the areas of governance and management impacted on the quality and safety of the service within the centre.

Capacity and capability

This inspection was completed to inform a decision on the renewal of the designated centre's registration and to assess ongoing compliance with the regulations. The registered provider had systems in place that ensured in the main, the requirements of the regulations were met. The provider had also submitted all of the documents required for with the application for the renewal of the centres registration.

The centre had a clearly defined governance structure in place that met on a regular basis to enhance service delivery. The inspector reviewed key governance documents such as six monthly audits and an annual review. These showed the provider to have effective audit systems in place to identify areas of improvement, however, the actions identified were found to not have been completed consistently in a timely manner. On the day of inspection the inspector could not view all of the most recent team meeting minutes due to the person in charge being on leave, however, following the inspection meeting minutes were submitted to the inspector. The inspector was not in a position to review supervision records, due to the absence of the person in charge, however, following conversations with staff on duty, the inspector was assured that the person in charge maintains a supervision schedule for staff that is meaningful and role specific. The provider had also ensured the staff team were also in receipt of appropriate training given the specific requirements of the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted all required documents to the Chief Inspector of Social Services in relation to the renewal application of the centre's registration.

Judgment: Compliant

Regulation 15: Staffing

There were no vacancies on the staff team for the centre on the day of inspection. The provider had in place planned and actual rosters that were maintained by the person in charge. The inspector reviewed the rosters in the centre for the month of October and found that the requirements of the regulation had been met. The rosters identified the name and grade of staff working in the centre, identified training dates and team meeting dates. A clear contingency plan was in place in the event that cover was required for times when shifts were vacant.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff had access to both mandatory and specific trainings. The person in charge maintained a training log in the designated centre which was reviewed by the inspector. All staff had completed mandatory and specific training required by the provider to work in the centre. Examples of training completed by the staff team included:

- fire safety
- manual handling
- safeguarding
- medication training
- human rights

Where staff required refresher training this was added to the training log and staff were notified with sufficient notice of any upcoming trainings so they could arrange to attend.

The inspector spoke with the staff member on duty on the day of inspection regarding supervision arrangements. The staff member spoke positively regarding supervision, stating that supervision is meaningful and planned with additional supervision available outside of agreed dates if needed.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a consistent governance structure in place that met on a regular basis and identified actions aimed at service development. The inspector found that improvements were required in terms of the length of time to complete agreed actions, such as responses to a resident complaint and resident expressed wishes.

The inspector reviewed the provider's last two six-monthly audits as well as the annual review. The audits were comprehensive in nature and led to the development of an action plan. Actions agreed from audits included improvements to care plans and risk assessments but at the time of inspection these were not completed.

The annual review recommended that a new vehicle was needed for the location and this action had now been completed with the house having a new electric car.

The registered provider had supported a resident to make a complaint in July 2025 and the same issue was discussed in the providers six monthly audit of September 2025. Despite evidence viewed by the inspector that the provider had made a number of positive changes to try and address the complaint, the issue had yet to be closed off satisfactorily to the residents expressed wishes.

As part of the governance documentation reviewed, the inspector attempted to review the most recent team meeting minutes. Despite evidence on monthly rosters that team meetings were taking place, no minutes of meetings were available to the inspector since a team meeting in March 2025 with the most recent meeting minutes not retrievable by the person participating in management or staff on duty. Since the inspection the person in charge forwarded the most recent team meeting minutes for review and their contents were considered.

The inspector also reviewed minutes of the governance meetings that take place on a monthly basis between the person in charge and person participating in management. The meeting agenda was comprehensive, with agenda items such as quality of life, safeguarding, premises, resident updates and audits regularly discussed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose is a key governance document outlining details on the service to be provided in the designated centre and the intentions of the registered provider in regard to meeting resident needs. The inspector reviewed the locations statement of purpose and observed that it contained all required information as set out in schedule 2.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had a system in place to log all incidents that occur in the centre. As part of their governance system, the person in charge maintained the incident log.

Prior to the inspection the inspector reviewed the notifications submitted to the Chief Inspector of Social Services by the registered provider. On the day of inspection the inspector reviewed the log to ensure all incidents submitted the Chief Inspector had been logged appropriately, the inspector was assured the provider had identified, notified and reviewed incidents in line with the regulation and provider policy.

The actions and systems the provider had in place were also in line with what had been submitted to the Chief Inspector to address a previous non-compliance.

Judgment: Compliant

Quality and safety

This section of the report reviews the quality and safety of the service provided to the residents. Overall the inspector was assured that the residents in the location were in receipt of a quality, person centred service that supported their needs, although improvements are needed the areas of individual assessments and care plans as well as risk assessments.

Residents made clear to the inspector that they were happy, safe, protected in their home, felt supported by the staff team in its entirety and each explained that they would be happy and confident in talking to staff about concerns they may have.

Regulation 13: General welfare and development

The registered provider had ensured systems were in place that allowed for resident welfare and development to be supported. Each resident had a key-worker and a number of goals for 2025 that were either in progress or had been completed. For example, one resident had set a goal for their bedroom to be re-decorated. The resident was involved in picking colours for floors and walls and their bedroom had

been painted on the week of inspection, new wardrobes were to be fitted the following day.

The inspector saw evidence of person centered plans for a Christmas hotel stay for one resident and that a Christmas party had already been booked by the residents. Further evidence of long term goals in place included a digital life story for one resident and another who wished to join an advocacy group.

In one residents bedroom a resident proudly showed the inspector a certificate they had been awarded for completing an educational programme.

Residents were supported to maintain family connections where they so wished with residents having access to their own mobile phones and electronic tablet devices as they wished.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the centre resident's guide. The guide in place was the most current version having been reviewed in August 2025 and had been laid out in a format that was accessible to the residents. The inspector observed that the guide provided an accurate overview of the services provided. It also contained key information for residents such as the person in charge details and complaints processes and outlined the need for a contract of care for each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider has a risk register for the centre that contained individual and centre specific risk assessments. As part of their oversight role, the person in charge maintains the risk register. The inspector reviewed the register and a sample of both individual and centre risk assessments and was not assured that all risks had been appropriately identified and assessed or where reviews were required, these were not taking place as frequently as recommended.

The inspector reviewed risk assessments for falls and staying at home independently. The risk assessments reviewed stated that reviews will take place monthly, however reviews of these areas were not taking place on a monthly basis. The registered provider had also committed to completing an assessment aimed at a resident staying at home independently in April 2025, however, staff spoken with on

the day of inspection were unsure of the assessment had taken place or what outcomes had been identified.

Not all diagnosed health conditions of residents had a corresponding risk assessment, one resident had a diagnosed condition that means they can lose mobility for a period of time which required risk assessing.

Residents had personal emergency evacuation plans (PEEP) in place and related risk assessments in their personal plans, however, the PEEP and risk assessments in the personal plans were out of date and not reflective of the information contained in the centre's fire folder.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had ensured the centre was equipped with all necessary fire fighting equipment and fire detection systems. The person in charge also maintained a fire folder that was kept in the centre. The inspector reviewed the contents of the fire folder in the centre and completed a walk around of the premises reviewing the fire doors and fire fighting equipment.

All fire doors were connected to the main fire alarm and doors were also fitted with automatic closers that were tested by the inspector. All fire doors were in a good state of repair. Fire fighting equipment had been serviced in 2025.

All staff were in receipt of up to date fire safety training and each resident had a comprehensive personal emergency evacuation plan in the centre's fire folder. Fire drills had taken place as required the providers policy including a night-time drill. The provider had also daily checks in place to ensure escape routes were clear and the fire panel was not showing any faults. Weekly checks took place to ensure the fire alarm was activated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that care plans were in place for each resident that outlined areas, such as, health assessments, medical history and care and support needs. On the day of inspection the inspector reviewed two resident care plans and found that both required review and updating.

Sections of the providers own assessment of needs document required completing for both residents. key information for staff regarding residents such as 'my role' and 'women's health' were also not completed. Areas of the care plan were not being tracked as recommended, for example one resident's care plan outlined the need for bowel chart to be completed, on review the bowel chart was not found to have been completed on a regular basis. Also, information contained in one residents care plan in relation to the resident staying at home was conflicting with guidance given to staff in other risk assessments and handover documents.

Judgment: Not compliant

Regulation 8: Protection

There were no active safeguarding plans in place in the centre. The inspector spoke to all three residents and the staff member on duty in regard to safeguarding and protection processes and also reviewed the centres training log to ensure staff had been in receipt of safeguarding training. Despite there being no safeguarding concerns all residents were knowledgeable regarding what a safeguarding issue looks like and what they would do in the event they needed to talk to someone. Staff were also as knowledgeable in terms of what their role is where safeguarding concerns arise. The centres training log also confirmed the staff team had been provided with safeguarding training.

The inspector also reviewed residents intimate care plans. Each resident had their own intimate care plan that contained clear guides for staff as to how each resident wanted to be supported with personal care. Intimate care plans had been reviewed in 2025 by the residents key workers.

Judgment: Compliant

Regulation 9: Residents' rights

In the main the provider ensured that the residents were at the heart of the centre and involved in key decisions regarding their home. Residents spoke positively about choice and being involved in weekly meetings that gave decision making power to the residents about their home. Residents were supported to access their local communities as they wished and had been supported by the provider with a new vehicle for the centre that was accessible for all residents.

Residents had been supported in reducing days they attended day service in line with their expressed wish for more time at home. However, with this being said the inspector observed evidence that the provider had not involved residents when implementing a change to residents ability to stay at home without staff support for

short periods of time. The inspector observed evidence a resident wished for this decision to be reversed via the complaints process. The inspector observed that the provider had made positive changes to mitigate as much as possible the risk of residents possibly coming to harm while alone but despite this had not fully committed to agreeing to residents wishes. The inspector was not presented with any evidence on the day of inspection that supported the need for the provider to implement this decision for the significant length of time it is in place.

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 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Charnwood Park - Community Residential Service OSV-0003073

Inspection ID: MON-0048173

Date of inspection: 30/10/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>PPIM & PIC liaised with the Community Nurse assigned to support the designated Centre they will support staff by reviewing the residents' individual care-plans to enhance monitoring and auditing systems with corrective actions assigned and signed off in a timely manner.</p> <p>Staff team will review current roles and responsibilities to ensure clear lines of accountability and oversight within the Centre.</p> <p>Regular scheduled team meetings, staff supervision and unannounced visits by the PIC/PPIM will continue to ensure ongoing monitoring and support.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All risks identified in the inspection will be reviewed, updated, and assigned appropriate control measures will be reassessed to ensure accuracy individual risk assessments for residents will be updated to reflect current needs and best practise any gaps highlight will be addressed immediately all staff will be briefed on changes to risk management procedures at team meeting and sign -off sheet will ensure all staff understand updated control measures. The PIC & PPIM will review at monthly meetings; the learning outcomes and actions will be communicated to the team. All corrective actions will be implemented and monitored for effectiveness with immediate effect.</p>	

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The bowel monitoring chart that was in 1X residents care-plan was temporary support and no longer needs to be in place. PIC has communicated to all staff to ensure that any short term or temporary health monitoring charts are completed consistently with care intervention and reviewed daily by shift lead. Staff will liaise with community nurse and Clinic nurse for further guidance.</p> <p>PPIM & PIC have requested a personal alarm for residents whose Will & Preference is to stay independently in the Centre.</p> <p>The risk assessment will be updated to reflect their current abilities, support needs and agreed safety measures. PIC/ Staff team have discussed the risk assessment with the individual residents, and they are satisfied with the supports.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>We are actively ensuring compliance with Reg 9 by progressing with comprehensive risk assessment considering physical, cognitive and health needs. Residents have actively been engaged in role play of scenarios around safety and PPIM & PIC have requested personal alarms for residents who have the capacity to stay alone for a short period of time safely. This approach ensures that residents autonomy is supported without compromising safety while meeting the requirements of Regulation 9.</p>	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2025
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/12/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is	Not Compliant	Orange	31/12/2025

	the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Not Compliant	Orange	31/12/2025
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	05/01/2026
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	05/01/2026

	his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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