

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

Issued by the Chief Inspector

Name of designated centre:	Helen's Road - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	10 September 2025
Centre ID:	OSV-0003078
Fieldwork ID:	MON-0039367

About the designated centre

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

Helen's Road is a residential low-support community service for four individuals with mild and moderate intellectual disability. The aim of the centre is to provide a safe, caring and welcoming residential setting, where residents who live there are nurtured and facilitated in achieving their fullest potential and empowered to access the local community. The centre is located in a suburb of South Co. Dublin within walking distance of good public transport links including bus and rail links. Residents have an active social schedule through interaction with work friends, social clubs, work, independent activities, and family events. The centre consists of a semi-detached house which contains a kitchen and dining room, a living room, four resident bedrooms, a staff office and sleepover room, two bathrooms with shower facilities, and a toilet. The centre is staffed by a person in charge, social care workers and carers. There is generally staff on duty when service users are in the centre. Some residents are risk assessed to stay in the house independently.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 10 September 2025	09:00hrs to 17:00hrs	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 the four residents 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. Areas for improvement were identified in relation to maintenance of the premises and the arrangements to review policies and procedures within the required time-lines set out in the Regulations.

This centre comprises of a five-bedroom two-storey semi-detached house. It is located in a quiet residential area, in a suburb of Dublin close to a range of local amenities and local transport links. The centre is registered for four adult residents and there were no vacancies at the time of inspection. Three of the four residents had been living together for more than 30 years in the house. The fourth resident had been admitted 13 months previous. The four residents were of a similar age and considered to get along well together. The residents each had their own busy schedules but also enjoyed partaking in a number of activities together.

The centre was observed to be homely and well maintained. However, worn and chipped paint was observed in one of the resident's bedrooms and in the staff office. A small damp area was observed on the ceiling over the window in the staff office and the tile grouting in the upstairs bathroom was observed to be worn and stained in areas. The centre comprised of two bedrooms on the ground floor, one of which was for a resident and the other was a staff sleepover/ office. There were three resident bedrooms upstairs and an accessible bathroom. There was a further accessible shower room on the ground floor. A good sized kitchen come dining room and separate sitting room were located on the ground floor. There was a back hallway from the kitchen. This area included a toilet and wash hand basin, a boiler room and a cleaning material cupboard. There was a good sized enclosed garden to the rear of the centre and a smaller garden to the front which had an accessible ramp leading to the front door. The back garden including a patio area and seating for outdoor dining.

The inspector met with each of the residents living in the centre on the day of inspection. One of the residents was met with on their return from work and the inspector enjoyed having a cup of tea with this resident and one of their peers. Two of the residents were met with in the morning before they left on a planned outing and again in the evening on their return. The fourth resident was met with on numerous occasions over the day. Staff were observed to treat residents with kindness and respect. This included observations of a staff member knocking and seeking permission before entering a resident's bedroom or looking at their phone. A staff member was observed supporting a resident to go out for a walk and to spend time with them chatting while assisting them to search for specific information on the resident's mobile device.

There was an atmosphere of friendliness in the centre. In particular residents were observed to warmly greet each other on their return from various activities on the afternoon of the inspection. Each of the residents appeared in good form and were observed laughing and chatting with staff and each other about the events of the day. 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 who had also been living in the area for an extended period. Staff reported that the residents engaged in a number of initiatives within the local area such as street parades and parties for special times of the year such as Halloween, Christmas and Summer time.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with, 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. The residents were supported to maintain relations with their respective families with visits in the centre and 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. Each of the residents had completed an office of the chief inspector questionnaire which referred that each of the residents were very happy living in the centre and that they felt their rights were being upheld.

There had been one recorded complaint in the centre in the preceding six-month period. This had been appropriately responded to in line with the provider's policies and procedures. Information on resident rights, complaints processes, decision-making capacity and the national advocacy service were available in the centre.

A number of the residents enjoyed a consistent routine and engaged in numerous meaningful activities in their local communities. One of the residents was engaged in a formal day service programme two days per week. Two of the residents were engaged in paid employment on a part-time basis which they independently attended. The fourth resident had engaged in individualised activities with the support of staff in the centre. Activities that one or more of the residents engaged in included, visits to family, shopping trips, beauty treatments in the centre and local beauticians, walks in parks, beach visits, cooking and baking, coffee and meals out, arts and crafts, cinema trips and swimming. One of the residents had their hair professionally styled once a week in their local hairdresser which they told the inspector they really enjoyed as they liked to 'always look their best'. One of the residents had membership in a local gym which it was reported they enjoyed attending. There was an exercise bike in the kitchen which it was reported that a number of the residents used. The centre had its own dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. A number of the residents independently accessed local transport links.

In summary, this was a well run service which provided quality care for the four 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. The provider had ensured that the centre was resourced with sufficient facilities and available supports to meet the needs of the residents. There was one whole time equivalent staff vacancy at the time of inspection. Recruitment for this position was underway and the vacancy was generally being covered by regular relief and agency staff.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge had been in the position for more than 18 years. They were in a full time position but were also responsible for one other centre located within the same geographical area. The person in charge held a diploma in social care practice and a certificate in management. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

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 had protected management hours of 19.5 hours per week for their role. They 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.

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 and was responsible for one other centre located within the same geographical area. In interview with the inspector, the person in charge demonstrated a good knowledge of the four 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 was one whole time equivalent staff vacancy. This vacancy was being covered by regular relief and agency staff. Recruitment for the position was reportedly underway. 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. 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, a healthcare assistant and the person in charge.

Judgment: 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.

<p>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, 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.</p>
<p>Judgment: Compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>There was a statement of purpose in place which had been reviewed in July 2025. 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.</p>
<p>Judgment: Compliant</p>
<p>Regulation 31: Notification of incidents</p>
<p>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 overall a low number of incidents in the centre. A staff member spoken with was clear about the reporting requirements.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>There was a complaints procedure in place which was available in an accessible format for residents and their families. However, as outlined under Regulation 4, the complaints procedure was overdue for review. There was a nominated complaints officer. There had been one recorded complaint in the centre in the preceding six month period. This had been appropriately responded to in line with the providers policies and procedures.</p>

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, a small number of the policies had not been reviewed in line with the frequency required in the Regulations. These included the recruitment, selection and Garda vetting of staff policy, dated April 2022, the handling and investigation of complaints policy, dated May 2022, the communication with residents policy, dated July 2022 and the provision of information to residents policy, dated July 2022.

Judgment: Not compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. Some areas for improvement were identified in relation to the maintenance of the premises.

The residents' wellbeing, 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. An annual review of the personal plan in line with the requirements of the regulations had not been undertaken for each of the residents in the preceding 12 month period. The residents individually and collectively presented with minimal behaviours of concern. There were minimal restrictive practices in use in the centre.

The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. 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. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

Regulation 17: Premises

The inspector observed that all of the matters set out in schedule 6 of the Regulations had been put in place. However, worn and chipped paint was observed in one of the resident's bed rooms and in the staff office. A small damp area was observed on the ceiling over the window in the staff office and the tile grouting in the upstairs bathroom was observed to be worn and stained in areas. The residents had personalised their own bedrooms according to their individual taste and preference. Pictures of loved ones and other memorabilia were on display in each of the residents bedroom and some communal areas. Each of the residents told the inspector that they loved their home and liked helping to keep it clean.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments, which had recently been reviewed. A number of the residents accessed the community independently and could stay in the centre for periods on their own without staff presence and this had been appropriately risk assessed. These indicated that where risk was identified, the provider had put appropriate measures in place to mitigate against the risks, including staff training. 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. Overall, there was a low number of incidents 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

Suitable precautions were in place against the risk of fire. 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. Records reviewed by the inspector showed that fire

<p>drills involving the residents had been undertaken on a regular basis. It was noted that residents evacuated in a timely manner. The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Records reviewed by the inspector showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was a fire safety policy in place, dated December 2023.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and personal plan</p>
<p>The inspector reviewed the personal support plan for each of the residents. The inspector found that the plans reflected 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. An annual review of each resident's personal plan had been completed in the preceding 12 month period, in line with the requirements of the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no safeguarding concerns reported in the centre in the preceding 10 month period. The residents individually and collectively presented with minimal behaviours of concern. There were no safeguarding plans in place at the time of inspection. Suitable safeguarding procedures and reporting</p>

arrangements were in place. The provider had a safeguarding policy in place, dated May 2024. The person in charge and staff members met with on the day of inspection had a good knowledge of safeguarding procedures.

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 was 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. 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.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Helen's Road - Community Residential Service OSV-0003078

Inspection ID: MON-0039367

Date of inspection: 10/09/2025

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 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Nominee Provider will ensure all policies are updated in line with legislation, - Management of feedback Complaints and compliments policy – updated 5/9/25. - Communication & Provision of information to people who have Intellectual Disability (30/11/25) - Recruitment and Retention (30-11-25)	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Nominee Provider will schedule all maintenance to ensure the designated centre is maintained and in a good state of repair. The PIC and PPIM assigned to the centre will have oversight of the schedule.	

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(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2025
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.	Not Compliant	Orange	30/11/2025