Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	SVC - BW
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	22 October 2025
Centre ID:	OSV-0004028
Fieldwork ID:	MON-0043355

About the designated centre

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

The designated centre is made up of one unit and is based on a campus setting in North Dublin. It provides 24 hour residential supports for up to four residents with complex support needs. The centre is comprised of two areas one of which accommodates one resident. It contains a kitchen and dining room, a small sitting room, a bathroom and a bedroom. The second area of the centre accommodates three residents and contains a staff office, three resident bedrooms, a kitchen and dining room, a laundry room, a sitting room, and a bathroom. Both areas of the centre share an outdoor garden space. The staff team employed in the centre are made up of a person in charge, a clinical nurse manager, social care workers, staff nurses, and carers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 October 2025	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector of social services observed, there was evidence that the residents living in the centre received good quality care and support. Some improvements were required regarding maintenance of the premises, arrangements for the review of personal plans and recording of activities that the residents engaged in and the arrangements to facilitate residents to have each of their meals prepared in their own home.

The centre is situated on a campus-based setting, with 10 other residential bungalows, all of which are operated by the provider. The centre is located in close proximity to local amenities, including, shops, restaurants, cinema, a swimming pool, public parks and public transport links. The centre is a bungalow and comprises of two separate areas. The central area has a kitchen come dining room, a sitting room area, three resident bedrooms, and an adapted bathroom with shower and bath facilities. There is also an adjoining self contained apartment which comprised of an open-plan living and dining space with a kitchenette, a resident's bedroom and a bathroom. This area had a minimalistic feel as per the resident's preference. Each of the residents had their own bedroom which had been personalised to their own taste and choice. Pictures of residents' family members were observed in a number of bedrooms and one of the residents had a framed poster of their favourite football club and of the 'star wars' movie. Art work completed by some of the residents was framed and on display in areas. There was a good sized, secure, private and accessible garden for residents use. Residents could also access a number of communal gardens within the campus and a sensory garden with staff support. Laundry facilities were available in an external utility room.

The centre is registered to accommodate up to four adult residents and there were no vacancies at the time of inspection. Three of the residents were present on the day of inspection. The fourth resident was on an overnight visit to their family home. The residents present, were unable or reluctant to tell the inspector their views of the service but they appeared in good form and comfortable in the company of staff and their peers.

There were long term plans to de-congregate the centre in line with the HSE National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". A defined time-line for the de-congregation of the entire centre had not yet been confirmed. However, two residents currently living together in the main area of the centre, had been identified to transition to more suitable accommodation within the community. It was reported by the service manager and the person in charge that the expected date for the move would be early in 2026 and a transition plan was being developed. A number of familiar staff had been identified to transition with the residents to their new home. Some visits had been completed to use facilities in the area and to familiarise the residents with the area. This included visits to a local pub and grocery shopping in the area. A discovery

process had been completed with the two residents and their families. This assessed the individual residents' needs and preferences in relation to their future life plans as they transition to live in their own home within the community. The provider had put in place a 'transforming lives' lead who was responsible for coordinating the de-congregation process. A number of management and staff had completed enhanced quality 'good lives' training for de-congregation.

Each of the four residents had been living in the centre for an extended period. The three residents living in the main part of the house were reported to be compatible with each other. However, the behaviours of all four residents could on occasions be difficult for staff to manage in a group-living environment. The space and layout in the centre negatively impacted on staffs' ability to support residents to manage behaviours. Overall, incidents appeared to be well managed and residents were provided with appropriate support. There had only been one safeguarding peer-to-peer incident in the preceding 12 month period. Staff were observed to interact with the residents in a caring and respectful manner. Each of the residents had assigned key workers. The inspector noted that residents' needs and preferences were well known to staff and the person in charge. A number of the residents had limited speech but were observed to be supported by staff to communicate their feelings and wishes. It was reported by the service manager that there were no plans to admit any new residents to the centre following the transition and discharge of the two identified residents from the centre. It was considered that the additional space and individualised living arrangements that this would afford the remaining two residents would greatly enhance their quality of life.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding their care and the running of the centre. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were supported to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had consulted with residents' families as part of its annual review of the quality and safety of the service and the feedback from families was positive.

Residents were supported and encouraged to maintain connections with their friends and families. A number of the residents were supported to visit their family home on a regular basis and visits by friends and family to the centre were facilitated. A number of the residents went for overnight stays to their family home each week.

Residents were supported to engage in some meaningful activities in the centre and within the local community at a level that best suited the individual. However, it was noted that engagements for some residents within their local community was limited. Three of the four residents were engaged in a formal day service programme operated within the campus on a sessional basis for approximately four days per week. The fourth resident was engaged in individualised activities coordinated from the centre which it was felt best met this resident's needs. This

resident was also engaged with the day service for specific sessions on horticulture. There was a horticulturist working on the campus who supported a number of the residents with gardening tasks. Examples of other activities that residents engaged in within the centre and within the community included, walks within the campus and to local scenic areas and beaches, church visits, family home visits, cooking and baking, gardening, arts and crafts, meals out, bowling and shopping. It was noted that the activity logs for some of the residents were not being appropriately recorded. The centre had access to a vehicle which could be used to facilitate residents to access community activities and visits to families. However, only a small number of the staff team were licensed to drive which consequently could impact on availability to access the vehicle which was shared with other services on the campus. The centre was also located in close proximity to a range of public transport links which could be used by some but not all of the residents.

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 suitable governance and management arrangements in place to promote the service provided to be safe, consistent and appropriate to residents' needs. Improvements were required regarding staff supervision arrangements.

The person in charge had been on an interim position for an extended period but had recently been appointed as the permanent person in charge for the centre. The person in charge held a masters in intellectual disability nursing practice and a certificate in management. They had more than six years management experience. The person in charge had a sound knowledge of the assessed needs and support requirements for each of the residents and of the requirements of the regulations. They had been working within the service for an extended period. They were in a full-time position and was also responsible for one other centre located nearby on the same campus. 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 was supported by a clinical nurse manager (CNM1). The person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The person in charge and CNM3 held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six-monthly basis as required by the regulations. A number of other audits and checks had been completed. Examples of these included, infection prevention and control, health and

safety, finance, incident reports, care plans and medication. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the time-lines required in the regulations.

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 adjacent to this centre. The person in charge reported in to this CNM3 who in turn reported to the service manager. 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 be appropriately qualified and experienced to meet the residents needs. This was a staff nurse-led service with a registered staff nurse rostered on each shift. The full complement of staff were in place at the time of this inspection with the exception of a 0.5 whole-time equivalent (WTE) deputy manager position which was due to commence in November 2025. This provided consistency of care for the residents. A small number of regular relief staff were being used to cover staff leave. Staff were observed to be respectful, kind and caring. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents. The full complement of staff were in place. The actual and planned duty rosters were found to be maintained to a satisfactory level. There were regular staff meetings every six to eight weeks and evidence that agreed actions from each meeting were followed up on at the next meeting.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with appropriate training to support them in their roles. There was a staff learning and development policy, dated June 2024. Records should that staff had attended all mandatory training and refresher training was scheduled for a number requiring same. Staff supervision arrangements required some improvements. It was noted that a number of staff had not received supervision in line with the frequency proposed in the provider's supervision policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

Suitable governance and management arrangements were in place. The provider had completed an annual review of the quality and safety and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. There were clear lines of accountability and responsibility.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the Chief Inspector in line with the requirements of the regulations. Overall, there were relatively low numbers of incidents in this centre. There were arrangements in place to review trends of incidents on a quarterly basis or more frequently where required.

Judgment: Compliant

Quality and safety

The residents living in the centre appeared to receive person-centred care and support which was of a good quality. However, some improvements were required regarding maintenance of the premises, arrangements to facilitate residents to have each of their meals prepared in their own home, the review of personal plans and recording of activities that the residents engaged in.

The residents' medical needs and welfare was maintained by a good standard of

evidence-based care and support. However, it was noted that personal plans were not being reviewed in line with the requirements of the regulations, as to involve the residents' family were possible and to the effectiveness of the plan in place. Personal goals had been identified for individual residents but in some cases these were not specific or measurable in order to monitor progress in achieving an identified goal.

A staff nurse was rostered on each shift to ensure that residents' medical needs were being met. There was a health action plan for each of the residents which included an assessment and planning for individual resident's physical and mental health needs. Personal support plans reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health, communication and personal care needs and choices. Detailed communication passports were in place to guide staff in supporting the resident to effectively communicate. A small number of the residents were engaged with the provider's speech and language therapist to support their communication.

The health and safety of the residents, visitors and staff were promoted and protected. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. 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.

Regulation 17: Premises

The centre was comfortable. However, some worn paint was noted on walls and woodwork in some areas. It was noted that the overall living space was limited for the four residents living there but all egress routes were maintained clear. It was considered that the planned transition and discharge of the identified two residents from the centre in early 2026 would greatly enhance the living space for the remaining two residents living in the centre. A number of rooms had a minimalistic feel as per the residents reported preferences in certain areas. Each of the residents had their own bedroom which had been personalised to their own taste and choice.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

From observations and review of records, it was noted that residents were provided with a varied and nutritious diet. However, the main meal of the day was prepared in a centralised kitchen which was not located in the centre but within a centralised kitchen located on another campus-based setting operated by the provider. These

meals were then transferred cooked and in a heated mobile oven to the centre. The inspector considered that the arrangements and practice of preparing meals in a centralised kitchen off site was an institutionalised practice and limited residents' involvement in buying, preparing and cooking their own meals. A choice of meals was agreed in advance with residents through menu planning meetings. There were some provisions in the centre for staff to cook breakfast, an evening meal and other meals should they not like the meals that were delivered for them. Pictures of the meal choices for each meal were observed on the dining room tables at meal times. An adequate supply of refreshments and snacks were available in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were suitable risk management arrangements in place. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There was evidence of a regular hazard inspection. It was noted that incident trends were reviewed and discussed at staff meetings.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a procedure for the safe evacuation of residents was prominently displayed. Fire drills involving residents had been completed at regular intervals and the centre was evacuated in a timely manner. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal support plans reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health,

communication and personal care needs and choices. However, personal plans had not been reviewed on an annual basis in line with the requirements of the regulations. For example, there was limited evidence of family involvement and or that the effectiveness of the plan in place had been reviewed as per the requirement of the regulations. Personal goals identified for some of the residents were not specific or measurable. While recognising a number of the residents presented with complex needs, engagement for some residents within their local community was limited and did not always support these residents to develop a valued social role within the community. Activity logs for some residents had not been appropriately recorded.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' health needs were being met by the care and support provided in the centre. There was a registered staff nurse rostored on duty at all times. Detailed health action plans were in place. Records were maintained of all contacts with health professionals. Hospital passports were in place with appropriate detail should a resident require transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional support. However, the space and layout in the centre on occasions negatively impacted on staffs' ability to support residents to manage behaviours. The behaviours of all four residents could be difficult for staff to manage in a group living environment. Overall, incidents appeared to be well managed and residents were provided with appropriate support. There had only been one peer-to-peer safeguarding incident in the preceding 12 month period. Behaviour support plans were in place for residents identified to require same and these contained detailed proactive and reactive strategies to support residents. The plans had been devised and reviewed by the providers' clinical nurse specialist in positive behaviour support. There were no plans to admit any new residents to the centre following the planned transition and discharge of the two identified residents from the centre in early 2026. It was considered that the additional space and individualised living arrangements for the remaining two residents would promote behavioral support arrangements in place. There was a restrictive practice register in place which was reviewed at regular intervals. It was noted that there was a multi-disciplinary team decision making process regarding the use of restrictive practices. There were reduction plans in place for some

restrictive practices.

Judgment: Substantially compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Safeguarding information was on display and included information on the nominated safeguarding officer. It was noted that safeguarding was discussed at staff and resident house meetings. As referred to under Regulation 7, it was noted that a number of the residents presented with some behaviours which could on occasions be difficult for staff to manage in a group living environment and could have a negative impact on other residents. However, overall incidents were considered to be well managed. There were appropriate arrangements in place to respond, report and manage any safe guarding concerns. Staff spoken with were knowledgeable about safeguarding procedures and of their role and responsibility. The provider had a safeguarding policy in place.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for SVC - BW OSV-0004028

Inspection ID: MON-0043355

Date of inspection: 22/10/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Remaining staff will have their second supervision meeting by the end of December 2025. PIC will develop a staff supervision meeting planner for 2026.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The areas identified in the report will be painted and repaired by end of January 2026. When the two residents transition to their new home in the first quarter of 2026, a plan will be discussed with the remaining residents with the MDT and family members to enhance their living environment.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: A plan is being introduced to enhance home cooking for the residents to be implemented by end of January 2026. The residents will be encouraged to participate in meal preparation which involves grocery shopping and menu planning.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: By first quarter of 2026, all personal plans will be reviewed with the relevant MDT and family members. Residents will be given every opportunity and support to attend their personal planning meeting as they wish.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Two identified residents will move to the community in 2026. The remaining two residents will continue to be supported in the centre by the MDT including CNS in Positive Behaviour Support.	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/12/2025
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/01/2026
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	30/01/2026
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure	Substantially Compliant	Yellow	30/01/2026

	that residents are supported to buy, prepare and cook their own meals if they so wish.			
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/03/2026
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/03/2026
Regulation 7(5)(a)	The person in charge shall ensure that, where	Substantially Compliant	Yellow	30/03/2026

	a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			