



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

## Issued by the Chief Inspector

Name of designated centre:	Roselawn Group-Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	13 August 2025
Centre ID:	OSV-0004032
Fieldwork ID:	MON-0039324

## About the designated centre

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

The designated centre is located in a residential area of North Dublin and provides residential service in two two-storey houses. Services are provided to up to seven adults with intellectual disabilities through 24 hour residential supports in one of the house and supported independent living in one house. The registered provider states that its central objective is to ensure that a safe, secure, supportive and caring environment is created which promotes the wellbeing of all residents. A person in charge and a team of social care workers and carers are employed in the centre to support residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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 13 August 2025	10:10hrs to 18:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet all seven residents during this inspection and observe their routines and interactions with staff members. The inspector also reviewed documentary evidence of the residents' supports, activities and feedback as evidence to indicate the lived experiences of the residents living in this designated centre.

This inspection was announced in advance and residents were offered a written survey in which they could express their opinions and experiences of the centre, staff, activities, meals and relationships with others. In the main this feedback was positive, with residents highlighting how they were supported to be independent in their choices, to go on trips, to manage their own money, and to take their phone calls in private.

The residents had been provided a simple language explanation of what the Health Information and Quality Authority was and what was involved in an inspection. Residents understood that it was up to them if they participated in this inspection and what they talked about, and residents welcomed the inspector to their home. Residents each spent time speaking one-to-one with the inspector, with some staff support to facilitate communication and explanations between the residents and inspector. Some of the residents used an easy read version of their personal plan to explain to the inspector what they had been doing lately and what was planned for the months ahead.

One resident had been living in this centre for years and loved how the provider supported and facilitated them to be independent and autonomous in their life. They loved shopping and liked going to the shopping centre without staff assistance, knowing the public bus routes and knowing who to call if they required support. Another resident liked that they were supported to be alone in the house for a period of time. One resident was a member of a basketball team and a women's group, and two residents participated in adult education to develop their literacy. Two of the residents had paid employment one day a week, which they were proud of and enjoyed. One of the residents told the inspector how they had used the savings from their job to go on holidays to Spain with their housemate earlier in the year, and were already planning to go on another sun holiday. Another resident told the inspector about a hotel break they had taken with their housemates to Wexford, and had a personal goal in place to have an overnight stay and attend a concert. Other residents were involved in active retirement groups or pilgrimages with their church. One resident volunteered with Saint Vincent de Paul and had donated scarves they had knitted. One resident was attending a cookery course with their day service. Another resident enjoyed using a 3D printer at their local library.

Residents were supported to participate as active members of their community. One resident told the inspector about how they were being supported to write to their local Teachta Dála (TD) about more funding and staff resources for them and their

services. Residents were registered to vote and received their polling cards to the houses. One of the residents showed the inspector literature for a conference where they had presented on 'breaking barriers in cancer care for people with intellectual disabilities'. The resident told the inspector about their battle with cancer and how important it was that they were provided accessible information on their status and treatments, and treated with respect like any other patient during their journey. Two of the residents had participated in an open day for social role valorisation, which was attended by their families and their local county council. One of the residents was planning to complete a 5km walk for charity.

The residents noted that there could occasionally be arguments in the house, but in the main they got along with their housemates and on days that they didn't, could spend time in other areas of the house. In one house a second sitting room facilitated this to provide some quiet space. Residents were generally happy with the service but where they indicated that there were aspects with which they were not satisfied, the inspector observed this to be reflected in logged complaints and team discussions. The residents were also supported to stay in regular contact with their friends and families in person or by phone. Some of the residents told the inspector about their birthday parties or those of their friends, with one resident recently having had a big overnight hotel party to celebrate a milestone birthday.

The residents liked their home and garden space and were observed sitting out in the sun. They told the inspector they were looking forward to renovations they had been promised, including the kitchen renovations and getting new recliner chairs. Residents and staff told the inspector about some of the challenges they were having safely using the bathroom and shower facilities in their house. One of the residents had their own annexe apartment which they had personalised with their collectibles and personal items. They enjoyed having a quiet private space which was theirs alone. In the main residents lived in a restraint-free environment, with no internally locked doors or restrictions on personal belongings or household items. Some residents were supported to come and go from their house, travel independently and go to their jobs or social outlets without staff accompaniment.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The purpose of this announced inspection was to monitor and review the arrangements the provider had in place to ensure compliance with the Care and Support Regulations (2013), and to follow up on solicited and unsolicited information which had been submitted to the Chief Inspector of Social Services. In addition,

findings from this inspection contributed to the decision-making process for the renewal of the centre's registration.

In the main, the inspector observed the designated centre to be resourced with a knowledgeable front-line team and person in charge, who demonstrated good examples of how they understood residents' support needs and advocated for their wellbeing. Where it was required to use contingency resources to fill shifts during absences and statutory leave, the provider had effectively mitigated the impact on continuity of resident support through the deployment of regular and familiar relief personnel.

The inspector observed some areas identified to protect the safety and wellbeing of the residents, primarily related to accessibility and suitability of bathroom facilities for residents who required support to safely mobilise and navigate their space. Some of these recommended actions had not been implemented in a timely fashion or followed up in the provider's own six-monthly quality and safety inspections. The inspector was verbally advised that some works were due to occur before the end of 2025, there was no evidence available of formal plans and timelines for addressing the identified premises upgrade works.

### Regulation 15: Staffing

The front-line staff members who met with the inspector during this visit demonstrated a good knowledge of residents' personal, social and health care needs. Staff also demonstrated how they were advocating for the needs of residents and supporting them to have their voices heard. Residents told the inspector that they liked working with staff who were familiar with them and knew how best to support them with their needs.

The inspector reviewed a sample of six weeks of worked rosters and found these to be clear on hours worked, annual and sick leave, overtime and when cover was required from contingency resources. Where relief personnel were required to fill shifts, the inspector observed that regular relief staff were allocated to the house to effectively mitigate the impact on continuity of support for residents.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had published the annual report for this designated centre most recently in October 2024. This report reflected on the challenges and achievements in the preceding year and trends observed in resident complaints, adverse incidents, safeguarding concerns and learning from risk events. This report included

commentary from the residents, their representatives, and the front-line team on their experiences and feedback on how the service operated.

The provider had conducted an unannounced inspection in May 2024, November 2024 and June 2025. These reports highlighted the provider's compliance with regulatory requirement and their own policies and procedures, and identified areas in which the service required improvement. However, while the May 2024 report noted maintenance issues requiring attention and renovation works required to ensure safe accessibility, the inspector observed that the premises was not reviewed in the latter two inspections, and as such there was no evidence of formal plans with specific actions and timeframes to address these issues. The inspector was not assured that all quality improvement works were progressing in a timely fashion, for example works to provide safe accessibility in one house had been recommended as a priority in a report dated two years prior to this inspection in July 2023, and there was no indication of when this work would be started.

The inspector reviewed a sample of recent team meeting minutes. These included meaningful topics on ongoing and escalating concerns and risk controls in the centre. The discussions of these meetings included changing resident support needs, trends in complaints, concerns and incidents, and updates from appointments and reviews by the multidisciplinary team. The inspector also observed how staff members were supported through individual supervision meetings. In a sample of three staff members' meeting minutes, the inspector observed staff being supported in career and personal development, where staff sought guidance on using oversight systems, and challenges in carrying out their duties, and how they could be supported by their line manager.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose for this designated centre, which was found to contain information required under Schedule 1 of the regulations, and had been updated to reflect changes made to the makeup of the designated centre since the previous inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had notified the Chief Inspector of incidents and practices occurring in the designated centre. The provider had notified matters required under this regulation within the required timeframes.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed the complaints log for both houses. This record contained information on the complaint, the actions taken on foot of the complaint and how the provider was assured that the resident was satisfied with the outcome and actions taken, or if they wished to escalate their complaint to the next stage. Residents told the inspector that they would be comfortable making a complaint if required, and staff demonstrated how they supported the residents to engage with the complaints process.

Judgment: Compliant

### Quality and safety

The inspector observed that overall the residents were supported to be active in their home and community with respect to their assessed needs, capacities, wishes and interests. Residents were supported and facilitated to enhance their skills, take responsibility for their household chores, and manage their finances and medicines, as part of their overall independence and autonomy in their lives. Residents were supported to build and maintain their personal relationships including with their families, friends and social and sports groups. Residents were also proud of their involvement in employment, volunteering and advocacy work for other people with a disability.

Residents demonstrated a good understanding of their rights and had been supported to self-protect and to separate themselves from busy or upsetting environments. Residents were supported to stay safe in the event of an emergency, and were appropriately supported with their healthcare and nutrition needs. As described in other sections of this report, there were a number of works required to maintain the safety and wellbeing of residents in their use of bathroom facilities and to optimise their accessibility in using shower areas safely alone or with staff support. Other works were identified to address the safety of external steps and to upgrade the kitchen, dining and bathroom spaces. While the person in charge verbally advised the inspector that some of these works were required, some of these works had no specific and measurable timeframe for completion.

## Regulation 12: Personal possessions

The inspector observed evidence that all of the residents had been supported to establish bank accounts in their own name. Residents were supported to manage their own cash and debit cards, and to receive their bank statements in the centre. Residents had been supported to decorate their bedroom as they wished, and the inspector observed residents' bedrooms to be highly personalised with sufficient space to store their clothes and belongings and display their collectibles and photos.

Judgment: Compliant

## Regulation 13: General welfare and development

In the main, the inspector observed evidence which indicated that residents were supported and encouraged to maintain their skills and hobbies and to be an active member of their society. Residents were supported to stay in regular contact with friends and family, to maintain their personal relationships and to go on holidays in Ireland and abroad. Residents were supported to participate in social groups, sports teams, and adult education. Residents attended day services, charity and volunteer events or paid employment in line with their wishes and capacities. From speaking with the inspector some residents indicated that they kept up to date with news, politics and history, which linked to their hobbies and personal goals. Residents were supported to be active participants in society, with examples of residents being supported to vote in their constituency and speak with or write to their local representatives, and to advocate for the rights of people with a disability in external settings.

Judgment: Compliant

## Regulation 17: Premises

At the time of this inspection, parts of the premises of both houses were identified as being unsuitable for the current support needs of the residents. The inspector reviewed occupational therapist reports for bathroom and shower access and spoke with residents and staff on their experiences and observations.

In one house, the upstairs bathroom contained a bathtub which none of the residents used. Residents instead came downstairs to use a very small wetroom shower, measuring 1.5 square metres which was not optimal to accommodate the resident, their equipment and their supporting staff. An occupational therapist report dated August 2025 recommended removal of the upstairs bath in favour of a level

access shower area. In addition to providing more space and being safer to use, this would have the benefit of providing a usable space for residents to wash which was near their bedrooms instead of coming downstairs.

In the second house, the bathroom had also been identified as unsuitable to promote safety and accessibility for residents. In a report dated July 2023, the occupational therapist recommended as a priority that the current shower facilities be replaced with a level access shower space to promote independence and reduce risk of falls. Residents were noted to be increasingly struggling to step up into the enclosure, and were anxious about using this bathroom for fear of tripping. The inspector observed other works required in the bathroom including shower edges which required resealing, ceilings with flaking paint, and damage to the shower door handle and wall fixtures.

The provider had also identified upgrade works required to the kitchen of one house and maintenance required to the steps and ramps at the external doors to ensure safe navigation. The inspector observed the kitchen to be heavily worn and damaged with peeling, flaking and rusting surfaces. The person in charge verbally advised the inspector that there were plans to knock a wall through to the dining room to make an open space with a replaced kitchen, and the inspector observed evidence that this was discussed with residents who understood that this would require them to temporarily move out. However, the inspector did not observe any formal plans and timelines for the bathroom or kitchen works, and the staff were not sure when this was scheduled to happen. Premises was not reviewed in the six-monthly quality inspections in November 2024 and June 2025 and so there was no specific and measurable action plan set out to get these issues resolved.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The inspector observed the kitchen and fridge was well stocked with food, drinks and snacks for the residents. Residents were supported to choose their meals and to go for meals out and takeaways. For residents who were identified as at risk of choking, the inspector observed guidelines set out for staff to mitigate this risk on how food was prepared.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider was found non-compliant in fire safety on the previous inspection, and since then the premises relevant to those findings had been closed and is no longer

part of this designated centre. The inspector walked the two houses which made up this centre and observed the premises to be suitably equipped with self-closing fire rated doors, fire rated attic hatches and glass panels, and emergency lighting to facilitate a safe evacuation. Fire safety equipment was subject to routine servicing and certification. One resident whose bedroom did not open into an evacuation hallway had an exit in their bedroom to prevent them from getting trapped. The inspector reviewed a sample of practice evacuation drills and observed how the provider was assured that residents and staff could efficiently evacuate in an emergency.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector observed that residents were assessed for their capacity in managing and taking their own medicines and how they were facilitated to be independent or supported by staff relevant to these assessments. The inspector observed staff practices for storing, recording and administering medicines, and they demonstrated knowledge of the purpose and protocols associated with the prescriptions.

Judgment: Compliant

### Regulation 6: Health care

The inspector observed evidence that residents were subject to review by members of the multi-disciplinary team relevant to their assessed health and social care needs. The inspector observed examples of how clinical guidance was used to inform guidance to staff on meeting residents' assessed needs, including recommendations and reviews in physiotherapy, occupational therapy, gynaecology and speech and language therapy. Where residents used personal equipment such as orthotics or walking aids, guidance on how they worked were provided to ensure safe use.

The inspector observed that residents' personal plans detailed information such as the residents' vaccination status against illnesses such as winter flu and COVID-19. Plans also included information on the residents' relevant medical history such as surgical procedures.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Roselawn Group-Community Residential Service OSV-0004032

Inspection ID: MON-0039324

Date of inspection: 13/08/2025

## 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
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>- The Provider Nominee will ensure that all work and repairs are nominated on the unannounced six-monthly inspection reports within the centre.</li><li>- The Nominee Provider will liaise with the Housing authority to ensure clear timelines are in place for scheduled work within the property.</li><li>- The Nominee Provider will have a schedule of works in place of the designated centre.</li><li>- The Nominee Provider will ensure the supported individuals, Person in Charge and staff team are kept updated regarding planned works and repairs.</li></ul>	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>- The Provider Nominee will ensure the bathroom downstairs is fully accessible and meets the needs of all residents.</li><li>- The Provider Nominee will engage with the Housing authority to apply for grant to support the upstairs bathroom works identified based on need, within one of the properties.</li><li>- The Provider Nominee will provide a bathroom upstairs within one of the houses which is aligned to the recommendations from the Occupational Therapist.</li><li>- Work on the kitchen within one of the houses will be complete based on drawings as per the needs and preferences of the residents. This will provide a more comfortable space for the residents within the centre.</li></ul>	

## 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)(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	31/03/2026
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	31/03/2026
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in	Not Compliant	Orange	31/03/2026

	achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2026
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	30/11/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and	Substantially Compliant	Yellow	31/12/2025

	shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
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