



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

Issued by the Chief Inspector

Name of designated centre:	Ardcuan Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	08 October 2025
Centre ID:	OSV-0004041
Fieldwork ID:	MON-0048502

About the designated centre

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

Ardcuan is a community-based centre that provides a respite service to adults with an intellectual disability. The centre is comprised of a three-story house and is located in a central area of a city in close proximity to local shops and other amenities. The centre can accommodate a maximum of five respite users at one time. There is a large secure garden at the rear of the property which contains an external laundry room. There is a service transport vehicle that brings respite users to their daily activities. Respite users are encouraged and supported to participate in the local community in line with their own wishes and preferences. Staff support is offered 24 hours a day, seven days a week and rosters are changed in line with respite users' care and support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 October 2025	09:00hrs to 17:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The inspector met with four respite users, three staff members, the person in charge and the service manager during the course of the inspection. The Ardcuan Group is a two-storey respite house located in North Dublin, providing planned and emergency respite for male and female adults with varying levels of support needs. The environment was warm and homely, and respite users appeared comfortable and familiar with the routine of the centre.

The centre had a self-contained apartment attached to the side of the main building, with its own separate front entrance. One resident had previously lived in this apartment; however, at the time of inspection it was vacant. The provider, in their application to renew registration, stated that the apartment was not in use due to identified fire safety concerns and that building works were scheduled to commence shortly to address these issues.

On arrival at the centre, the inspector was greeted by an agency staff member who had been working in the service for over a year. This staff member was familiar with the day-to-day operations of the centre, the procedures to follow in the event of an emergency, and the individuals who attended for respite. A second staff member was observed supporting a respite user to travel to their day service. The inspector was then shown around the premises. The centre was found to be clean, well maintained, and homely in presentation. All bedrooms were cleaned each morning, with fresh bed linen provided daily, as respite users typically stayed for one night at a time.

The ground floor comprises a sitting room, games room, and kitchen, while the first floor contains six bedrooms, five of which are single occupancy for respite users and one staff sleepover room/office. Four bedrooms have ensuite facilities, and there is an additional main bathroom available for shared use. To the front of the property, there is a large driveway providing off-street parking, and to the rear, there is a garden with ramped access. A shed at the bottom of the garden is equipped with laundry facilities.

The inspector was informed of a recent discharge from the centre in relation to the residential apartment and the ongoing review of the resident's placement, current living arrangements and outstanding actions required within the apartment. The inspector visited the apartment and observed that it contained an inner room which would not be easily evacuated in the event of a fire. This had been self-identified by the provider and was the reason why it was undergoing premises and fire safety review. Personal belongings belonging to the former resident were still stored in the space, and management reported that the provider would be arranging external storage while longer-term plans were being decided, as the resident's new accommodation did not have sufficient room for their belongings.

The respite service operated from late afternoon and overnight, as the centre was closed during the day while respite users attended their respective day services. It remained open at weekends and during periods when day services were closed. The respite service also closed for two weekends each month.

During the inspection, the inspector met with two individuals who had just arrived from their day services. Both expressed that they enjoyed coming to respite because they could stay alongside friends. They were familiar with the environment, greeting staff confidently, and independently going to their allocated bedrooms. Two further respite users were present in the living room, spending time together and preparing to watch television. They required assistance with the remote control, which staff provided promptly. Interactions observed between staff and residents were warm, respectful and attentive.

The quality of care experienced by respite users was supported by positive relationships between staff and residents. However, the sustained reliance on agency and relief staff had potential to impact continuity in the longer term. While a consistent pool of agency workers supported familiarity, the provider acknowledged that recruitment remained ongoing to stabilise the roster. Staff induction materials and guidance documents were available and accessible, helping to support safe practice for temporary staff.

The inspector was informed that the provider, in consultation with the funder, was developing future plans for the service. These included addressing accessibility limitations within the premises, such as the absence of a ground-floor bathroom, reviewing the use of the adjoining self-contained apartment to determine whether it would continue as a residential space or be incorporated into the respite service, and exploring the potential to provide respite during the currently closed weekend each month.

The centre provided respite to approximately 60 individuals and could accommodate a maximum of five residents each night. Where individuals required higher levels of support, occupancy was reduced to ensure safe and appropriate staffing. Typically, respite users received between one and four overnight stays per month, and there continued to be strong demand for additional respite availability. Some families requested specific dates for respite; however, due to limited capacity, this was not always possible to accommodate.

Specific arrangements were in place to manage known compatibility issues between certain respite users. This included rostering decisions to prevent male staff from working directly with specific residents where risk had been identified, and the implementation of supervision strategies in shared areas such as the sitting room. Documentation reviewed demonstrated that staff promoted respite users' personal space and intervened sensitively to redirect behaviour when required.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

Overall, the inspector found that the provider had effective governance systems that enabled oversight and supported safe service provision. Actions arising from audits and internal reviews were being tracked, and management demonstrated awareness of ongoing challenges and areas requiring further improvement. While governance systems were robust, the inspector identified that the centre continued to rely heavily on agency staff due to ongoing vacancies and long-term leave. This issue was clearly identified within the governance structure, and while mitigation measures were in place, sustained reliance on temporary staffing indicated an area where further progress was required.

The centre had established governance structures, with monthly meetings taking place between the person in charge and the person participating in management. Records demonstrated that these meetings followed a comprehensive agenda and addressed key areas including safeguarding, incidents, training, restrictive practices, premises issues, compatibility of respite groupings, and complaints management. The person participating in management (PPIM) maintained a regular presence in the centre, with documented visits from May to October 2025, and held additional meetings with staff, families, and multidisciplinary professionals.

The inspector reviewed correspondence and noted that the person in charge had escalated staffing concerns to senior management and discussed them during team meetings. Agency staff continued to provide cover where required to maintain safe staffing levels and ensure continuity of care for residents.

Rosters reviewed by the inspector showed that agency and relief staff were used on a frequent basis to maintain safe staffing levels within the centre. The same agency personnel were often scheduled, which supported familiarity with residents and routines. However, agency and relief cover featured on every weekly roster examined, indicating a sustained reliance on temporary staffing arrangements.

The admission process was structured and person-centred. Initial assessments were completed with day service staff and centre staff. Individuals and their families visited the respite house before their first stay. Preparatory evening visits supported a gradual introduction to the service. Overnight respite commenced once the individual and family agreed the person was ready.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed the statement of purpose and found that amendments were required to accurately reflect the current service provision within the centre. While

the centre had previously offered both respite beds and one long-term residential placement, the residential bed was not operational at the time of inspection. There were no defined time-bound plans in place to address the necessary fire safety and premises works required before this area could be brought back into use. The inspector discussed this matter with the services manager regarding the centre's registration status and the need to update the statement of purpose, floor plans, and the application to renew registration accordingly. This was received post inspection.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced for the role and demonstrated a good understanding of residents' needs and the operational requirements of the service. Records showed that they maintained effective governance systems, including supervision, team meetings, and regular review of incidents and safeguarding concerns.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection, the centre had one person in charge and a core team of social care workers and healthcare assistants, supported by relief and agency staff. Records showed that staffing levels were equivalent to 5.5 whole-time equivalents (WTE) across both permanent and relief posts. However, there were ongoing gaps due to long-term leave and sick leave, resulting in the centre operating approximately two WTE below its approved staffing complement.

The inspector reviewed staff rosters from August to October 2025 and found that the centre was supported by a regular pool of agency and relief workers. Each shift typically included at least one agency or relief worker, often paired with permanent staff for continuity and supervision. Staffing vacancies persisted, resulting in sustained reliance on relief and agency staff, which was repeatedly discussed at governance meetings.

The inspector observed staff remaining on duty after their rostered shift to provide a handover to incoming staff. This handover time was not reflected in the staffing roster. The person in charge confirmed that this had been discussed during team meetings as an ongoing operational need and had been escalated to senior management for consideration.

Resident folders contained clear induction and guidance information for staff, outlining specific support requirements for each individual. Additional arrangements were in place to ensure that staffing allocations considered gender preferences and the assessed needs of residents, such as communication support, personal care, and dietary requirements.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed training records and found that all full-time staff were up to date with their mandatory training requirements, including fire safety, medicine management, the administration of rescue medication (in the event of a seizure), and safeguarding.

Team meetings were held regularly and provided an opportunity for staff to review key areas such as incidents, safeguarding concerns, fire safety, and residents' wellbeing. Records showed that the August team meeting discussed the outcomes of a recent fire drill, maintenance issues, and the need to replace a faulty fire pillow sensor. Staff were reminded to monitor residents' personal space and to remain mindful of interactions between residents, using group talks and house meetings to promote mutual respect and positive communication.

Judgment: Compliant

Regulation 23: Governance and management

The provider had established a clear governance structure for the centre, with defined lines of accountability between the person in charge, the person participating in management (PPIM), and senior personnel within the wider organisation. The inspector found that governance arrangements were active and visible, with a regular management presence and scheduled oversight routines in place.

The inspector reviewed minutes from monthly governance meetings between the PPIM and the person in charge. These followed a structured agenda, and discussions included incidents, safeguarding matters, risk management, complaints, residents' goals, staffing, medication management, care planning, fire safety, maintenance reports, and training updates. Actions were clearly recorded with owners and timelines identified. Follow-up was evident on subsequent meeting records, demonstrating continuity and oversight. Where issues required escalation,

such as staffing deficits, compatibility challenges or the future use of the adjoining apartment, these were raised to senior management.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was an established admission process in place for new respite users. An initial assessment was carried out collaboratively by the individual's day service staff and staff from the centre. Following this, visits to the centre were arranged through the individual's key worker or social worker, during which the individual and their family were shown around the house.

In preparation for their first overnight stay, each person was supported to attend a series of introductory evening visits, usually three in total. Where possible, they were accompanied by another respite user they knew, which helped them to become familiar with staff, other respite users, and the environment. Overnight respite commenced once the person and their family were comfortable and agreed that the individual was ready to stay.

Judgment: Compliant

Quality and safety

Overall, the inspector found that respite users experienced a safe and supportive service, with staff demonstrating a good understanding of their needs and providing care in a respectful and person-centred manner.

The provider had effective systems in place to assess, manage and monitor risk. Individual risk assessments were comprehensive, up-to-date and reflected residents' needs. There was clear evidence of multidisciplinary involvement, appropriate controls, and ongoing review. Risks were monitored through incident learning and regular person in charge and PPIM oversight.

Safeguarding practices were effective. Staff clearly understood the steps to take if concerns arose and were familiar with the individual safeguarding plans and risk control measures in place. A review of safeguarding records showed that staff provided detailed accounts of incidents, including the impact on others and the rationale where no safeguarding action was required. Compatibility remained an important consideration for group-based respite, and while the formal compatibility assessment process was still being developed at organisational level, staff used their

knowledge of residents to plan safe groupings and provide appropriate supervision in shared areas.

The premises were clean, homely and generally suitable for short-term respite. All bedrooms were single occupancy and offered privacy and comfort. The inspector noted that the adjoining self-contained apartment was not in use due to fire safety concerns, and that a review of its future function remained ongoing. While this did not impact current respite provision, the provider had identified the need for future premises improvements relating to accessibility, including the lack of a ground-floor bathroom. These matters were being explored with the funder as part of broader service planning.

Fire safety arrangements were found to be satisfactory. Staff were knowledgeable about evacuation procedures, including night-time protocols, and fire drills had been completed with both staff and residents. One respite user required additional prompts to evacuate, and a review of their fire plan was in progress. Fire equipment was serviced within required timeframes, and the fire safety folder contained clear information on individual evacuation needs.

Regulation 17: Premises

The premises consisted of a two-storey house with an adjoining self-contained apartment. The respite house was clean, well presented and generally suitable for short-term stays. Communal areas on the ground floor included a sitting room, a games room and a kitchen. These spaces were homely and allowed respite users to spend time together.

The environment supported privacy and dignity, with all respite users having access to their own rooms during their stay. Bedrooms were well maintained and cleaned daily, with fresh bed linen placed on each bed as respite users typically stayed for one night at a time. The garden to the rear of the property was accessible via a ramp and provided outdoor space for residents. The driveway offered safe off-street parking for transport and family visits.

The self-contained apartment attached to the main building was vacant at the time of inspection. The inspector was informed that the apartment had been used for a residential placement but was no longer operational due to fire safety concerns and the need for premises works. Post inspection, this part of the designated centre was removed from the footprint of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the centre had established and maintained a comprehensive system for identifying, assessing, and managing risks. A sample of individual risk assessments was reviewed, including those relating to safeguarding, self-injury, behavioural escalation, and environmental hazards. These were detailed, clearly structured and included a description of the presenting risk, existing controls, likelihood and impact scoring, and the resulting risk rating. Each risk assessment incorporated a residual risk section and due dates for follow-up, demonstrating an ongoing cycle of review.

The assessments reviewed demonstrated good multidisciplinary input. Controls included psychology reviews, keyworker support, behaviour support planning, clinical oversight, and regular liaison with day services and external professionals. Assessments also included proactive de-escalation strategies, supervision requirements, and clear identification of responsible persons for implementing additional controls where required.

Risk assessments were also informed by incidents and safeguarding concerns, and the inspector saw evidence that learning from incidents was incorporated into updated controls.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector reviewed fire safety arrangements, records, and staff knowledge within the centre. A clear fire evacuation plan was in place, outlining procedures for both day and night scenarios. When one or two staff were on duty for sleepovers, responsibilities were clearly assigned for specific bedrooms to ensure that all respite users could be safely evacuated. The plan prioritised ambulant and self-evacuating respite users first, followed by staff assisting respite users who required some assistance.

Fire drills had been conducted regularly, including both day and simulated night-time evacuations. Records showed that most staff had participated, along with respite users. One respite user was noted to have difficulty waking and evacuating during drills. Staff had trialled various prompts and communication methods, and further review of this individual's evacuation plan was ongoing to ensure their safety in a real emergency.

Essential fire equipment was serviced within the required timeframes. The fire alarm and emergency lighting systems had been tested and certified quarterly, while the fire extinguishers had been serviced annually.

The fire safety folder contained detailed information on each respite users' support needs, including supervision requirements on stairs and the use of assistive devices such as vibrating pillows for those with hearing impairment.

Judgment: Compliant

Regulation 8: Protection

The provider had effective safeguarding arrangements in place, and staff demonstrated clear knowledge of respite users' support needs.

The inspector reviewed incident logs, safeguarding records, and staff knowledge in relation to safeguarding and the protection of respite users. Several safeguarding incidents had been reported within the centre in recent months, including episodes of inappropriate physical contact and verbal teasing between respite users. Records indicated that staff had responded promptly to these incidents, documenting the actions taken and reporting through the provider's safeguarding process.

The inspector reviewed a sample of safeguarding reports and found that they contained a good level of detail, including information on the impact on other residents and the rationale where no further safeguarding action was deemed necessary. Staff demonstrated clear awareness of the procedures for identifying and reporting concerns, and the safeguarding folder was well maintained and up to date at the time of inspection.

An outstanding action from the previous inspection related to the development of a formal compatibility assessment process to support safe decision-making around respite groupings. The inspector was informed that this work was now taking place at an organisational level and was being reviewed across the wider service, rather than through a centre-specific tool. While the centre was awaiting this standardised process, staff continued to use their knowledge of individuals' needs, risks and relationships to plan groupings and ensure safe supervision levels.

Staff spoken with demonstrated good knowledge of residents' safeguarding plans, risk control measures and supervision requirements. They were clear about the steps to take if concerns arose and how safeguarding matters were escalated in line with policy. The inspector reviewed safeguarding records and found that staff were documenting a good level of detail, including whether an incident had impacted another resident, or, if there was no impact, the rationale for this.

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	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ardcuan Group - Community Residential Service OSV-0004041

Inspection ID: MON-0048502

Date of inspection: 08/10/2025

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The provider will amend the Statement of Purpose and Function to ensure it is reflective and descriptive of current service provision.</p> <p>]</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider has recruited one full time social care worker who commenced in the designated centre on the 1st December 2025. The provider continues to run an active recruitment drive in order to fill 1 HCA vacancy remaining in the designated centre, the closing dates for appliances is 31st January 2026.</p> <p>]</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	31/01/2026
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of	Substantially Compliant	Yellow	31/03/2026

	the designated centre.			
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