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-KH
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	04 June 2025
Centre ID:	OSV-0005338
Fieldwork ID:	MON-0037999

About the designated centre

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

SVC-KH is a residential service in Co. Dublin which provides a home for up to three adults with an intellectual disability. The premises consists of two sections, the main house which accommodates up to two residents and a ground floor apartment suitable for one resident. Each bedroom has an ensuite bathroom and there are kitchens, dining facilities, and a number of multifunctional sitting/play rooms. There is a large back garden which has been divided into sections with different areas in line with the residents' interests and wishes. These areas include a trampoline area, a greenhouse and gardening area, an exercise area with equipment, and a seating area. There was a vehicle in the centre to support the residents to engage in activities of their choosing in the community. The residents are supported 24 hours a day 7 days a week by a staff team comprising of a person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 4 June 2025	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents living in the centre received care and support which met their assessed needs. There were appropriate governance and management systems in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations. However, there were some staff vacancies at the time of inspection, a small number of policies were overdue for review and behaviour support plans in place were overdue for review.

The centre is registered to accommodate up to three adults. The centre had originally been registered as a children's centre in 2019. However, with the transitioning of the young people living there from childhood into adulthood, the provider submitted an application to vary its conditions of registration in 2023 to become an adult only centre. At the time of this inspection, there were two residents living in the centre with a diagnosis of autism. Consequently there was one vacancy. Each of the residents had been living in the centre for a significant number of years.

The designated centre comprises of a large two-storey house located on a busy road in North Dublin. The centre was located within walking distance of shops, a large park and other local amenities. The house is sub-divided into two living spaces. There was a self-contained apartment on the ground floor which was home to one resident. They had a kitchen, a dining room area, a sitting room, bedroom and an accessible bathroom. The resident had direct access to the shared back garden through double doors. The garden was equipped with a large trampoline, a basket ball hoop and a table and chairs for outdoor dining. The main part of the house was accessible through an internal door and comprised of a sitting room and kitchen, two bedrooms, both of which were en-suite, a staff office and bathroom, a family room and an art room. The house had recently been repainted through out and was observed to be clean and in a good state of repair.

Residents in the centre presented with complex communication needs and this required staff to know them well to best support them and respond to their communication. Residents used a combination of some speech, body language, sign language, facial expression and demonstrating what they wanted by pointing or reaching for a desired item. There were visual supports available to residents to use which included visual schedules and easy-to-read information. There were a number of symbols in the office to ensure staff had easy access to regularly used symbols. Residents also had access to tablet devices.

The centre was found to be comfortable, accessible and homely. The residents each had their own bedroom and bathroom within their individual living area which they had personalised to their own taste. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. The centre had

a minimalistic feel throughout which was the reported preference for each of the residents and supported their assessed needs.

There was an atmosphere of friendliness in the centre. Numerous photos of the residents and their family members were on display in each of their living areas.On this inspection, the inspector met separately with both of the residents living in the centre. One of the residents went on a visit to their family home on the day of this inspection. The other resident went for a walk to the park on the morning of the inspection and was observed on their scooter in the back yard later in the day and spending time with staff watching television. Both of the residents had limited verbal communication skills but appeared comfortable in staff company and could be heard making happy vocalisations at various times over the course of the day. The resident who had a planned home visit was notably excited while waiting for their parents to collect them. Warm interactions between the individual residents and staff caring for them was observed.

Residents and their representatives were consulted and communicated with, about decisions regarding the residents' care and the running of the house. There was evidence of regular house meetings with each resident, where their needs, preferences and choices in relation to activities and meal choices were discussed. The inspector met with the parents of one of the residents on the day on inspection. They told the inspector that they were very happy with the care and support that their loved one was receiving. The parents told the inspector of the improvements in the residents' behaviours and presentation over the period of years while living in the centre. The inspector did not have an opportunity to meet with the relatives of the other resident but it was reported that they were happy with the care and support that the resident was receiving. The provider had completed a survey with relatives as part of their annual review which indicated that they were happy with the care and support being provided for their loved ones. The two residents with the support of staff had completed an office of the chief inspector questionnaire about 'what it was like to live in your home'. These indicated that the residents were happy living in the centre and that their rights were upheld. Residents had access to an advocacy service if they so wished.

From a review of records and observation by the inspector, it was noted that restrictions in place were subject to regular review and that they were considered to be the least restrictions possible for the shortest duration while ensuring the safety of each resident. There was evidence of individual key working meetings with the residents in relation to their needs, preferences and choices. There were no safeguarding concerns at the time of inspection. This was promoted by the separate living arrangements for each of the residents.

The residents were actively supported and encouraged to maintain connections with their friends and families. Each of the residents had regular visitors to the centre and one of the residents was also supported by staff to make regular visits to their family home.

There had been no complaints in the centre in the preceding six month period. There was a suitable complaints procedure in place which was a standing agenda

item at staff team meetings. Details for the confidential recipient and the complaints officer were on display in the centre.

The residents were supported to engage in meaningful activities in the centre, although overall it was noted that residents were reluctant to engage in many activities. In general staff reported that the two residents chose to live separate lives and preferred their own individualised space and activities. However, on occasions the residents would go for a drive together. Both of the residents were engaged in a formal day service programme which was located a short distance away from the centre and was operated by the provider. it was reported that they enjoyed their individual programmes and also accessed the community on regular occasions. Examples of activities engaged in by residents included, walks to local parks and scenic areas, visits to the beach, jig saws and board games, arts and crafts, watching television, listening to music, meetings with family and friends and shopping. One of the residents enjoyed meals out while the other resident enjoyed cooking their own meals in the centre and trips to a local shop for treats. The centre had an accessible vehicles for use by the residents. Staff reported they were able to plan its usage around the residents individual choices for activities.

The cultural identity of one of the residents was being respected in the centre with staff supporting the resident to make a specific meal associated with their culture which they enjoyed on a daily basis. This resident was supported to purchase, prepare and cook the food in their own kitchen. The kitchen in both living areas was found to be suitably stocked with healthy food although the diet for one of the residents was limited based on their cultural background and food choices. A meal time audit had recently been completed in the centre to ensure that meal times were a social and unhurried occasion.

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

This was an announced inspection undertaken to assess the providers compliance with the regulations so as to inform an application by the provider to renew the registration of the centre.

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. Overall, the centre was well resourced with sufficient facilities and available supports to meet the needs of the residents. However, as identified later in the report there were three staff vacancies at the time of inspection and a small number of policies were overdue for review.

The centre was managed by a suitably qualified and experienced person. The inspector reviewed the schedule 2 information, as required by the regulations, which the provider had submitted. These documents demonstrated that the person in charge had the required qualifications and experience for the role. However, at the time of inspection the person in charge had recently commenced extended leave and a return date had not yet been confirmed. Staff in charge on the day of this inspection were found to have a good knowledge of the requirements of the regulations. They had regular formal and informal contact with senior management for support whose office was located on a campus setting close by the designated centre.

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 reported to the Clinical Nurse manager grade three (CNM 3), who in turn reported to the service manager. In the absence of the person in charge, the CNM 3 was also met with on the day of inspection. The CNM 3 advised the inspector that an interim person in charge was in the process of being recruited.

Regulation 15: Staffing

The staff team were found to have the skills, qualifications and experience to meet the assessed needs of the residents. However, at the time of inspection the full complement of staff was not in place. There were three whole time equivalent staff vacancies for social care worker roles. This was being covered by a small number of regular relief staff members. A significant number of the staff team had been working in the centre for an extended period. This meant that there was some consistency of care for the residents and enabled relationships between the residents and staff to be maintained. Recruitment was underway for these positions. The inspector noted that the residents' needs and preferences were well known by the staff met with. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff had attended all mandatory training. Staff had also attended training in relation to open disclosure and assisted decision making. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. The inspector

reviewed a sample of six staff supervision records and found that they appeared to be supportive and to have been undertaken in line with the frequency proposed in the provider's policy. Two members of staff spoken with on the day of inspection, told the inspector that they felt supported in their role. The inspector reviewed the minutes of staff meetings in the preceding three month period. These had been chaired by the person in charge and noted to provide an opportunity for staff to discuss residents' needs and any emerging issues, and to review policies and procedures.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were suitable governance and management arrangements in place to ensure the delivery of high quality person-centred care and support. The provider had completed an annual review of the quality and safety of the service and also unannounced visits to review the quality and safety of care on a six-monthly basis, as required by the regulations. There was an audit schedule in place. Examples of audits completed included, medicine management, mattress audit, finances, food and nutrition and meal time experience, hygiene and, health and safety checks. The inspector reviewed the minutes of regular staff meetings and separate management meetings with evidence of communication of shared learning at these meetings. 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.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a contract of care in place for each of the residents, dated December 2024. These detailed the services to be provided and fees charged which were consistent with the residents' assessed needs and the services outlined in the statement of purpose. A user friendly version of the contracts of care were also available.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose in place, which had been reviewed in January 2025. It was found to contain all of the information set out in schedule 1 of the regulations. It was reflective of the facilities and services provided for residents in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents that occurred in the centre were maintained. From a review of incidents in the preceding six month period, the inspector found that adverse events and incidents, as listed in the regulations were reported within the prescribed period to the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures on the matters set out in Schedule 5 of the Regulations. These were readily available and accessible by staff. However, it was identified that two of the policies were over due for review. These included the medicine management policy which was dated December 2021 and the Recruitment, Selection and Garda Vetting of staff policy which was dated April 2022.

Judgment: Substantially compliant

Quality and safety

The residents living in the centre, received care and support which was of a good quality and person centred. However, the behaviour support plans in place for both residents was overdue for review. It was noted that the provider's clinical nurse specialist in behaviour support was in the process of reviewing the support plans at the time of inspection.

A suitable and comfortable environment for residents was observed by the inspector. There were procedures in place for the prevention and control of infection. All areas appeared clean and overall in a good state of repair. The entire premises had recently been repainted through out.

Personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual review of both of the residents' personal plans had been completed within the last 12 months in line with the requirements of the regulations. In addition, an annual multi-disciplinary team review had been completed for each of the residents in December 2024.

The inspector found that the health and safety of the residents, visitors and staff were promoted and protected. Suitable precautions were in place against the risk of fire.

Regulation 17: Premises

The inspector observed that the centre was comfortable, warm and homely. Each of the residents had their own individual living area which included their bedroom, bathroom, kitchen and sitting area. Each of the living areas had been personalised according to the preferences of the resident living in that area. All areas were observed to be in a good state of repair and it was noted that all areas had recently been repainted.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that the health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy in place. Environmental and individual risk assessments were on file which had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. There was a risk register in place. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. 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.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. There was a fire policy dated December 2023. Fire drills involving both the residents individually had been undertaken at regular intervals. Records showed that there were two occasions in the preceding six month period when one of the residents had refused to respond to a fire drill. Additional measures had been put in place and it was noted that in the preceding period both of the residents responded well and that the centre was evacuated in a timely manner. Both of the residents had a personal emergency evacuation plan, dated February 2025 which adequately accounted for the mobility and cognitive understanding of the individual resident. The inspector reviewed documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the side of the house. A procedure for the safe evacuation of the residents in the event of fire was prominently displayed. The inspector tested the fire door release mechanism on a sample of doors and found that they were successfully released and doors were observed to close fully.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' wellbeing, protection and welfare was maintained by a good standard of evidence-based care and support. The inspector reviewed the personal support plans for both of the residents. These were found to reflect the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Each of the resident's specific communication needs were outlined in their personal plans. An annual review of each of the personal plans had been completed in line with the requirements of the regulations. A quality of life action plan was in place for each of the residents.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs appeared to be met by the care provided in the centre. There was evidence that the residents had regular visits to their general practitioners and other health and social care professionals as required. A health action plan was in place for residents requiring same. A hospital passport was in place for each of the residents dated January 2025, which included pertinent information should a resident require transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents appeared to be provided with appropriate emotional and behavioural support. However, the positive behaviour support plan in place for each of the residents had not been reviewed in an extended period. It was noted that referrals had been submitted to the providers clinical nurse specialist for behaviour support, who it was reported was in the process of reviewing each of the resident's behaviour support plan. A behaviour risk assessment for both residents had been reviewed in March 2025. Each of the residents could on occasions present with some complex behaviours which could be difficult for staff to support and manage. There were documented reactive strategies in place to guide staff in supporting the individual residents to deal with identified activities. The layout of the centre with each of the residents having their own self contained living arrangements promoted behaviour support.

There was a restrictive practice register maintained. From a review of records and observation by the inspector, it was considered that the least restrictions possible for the shortest duration were being used based on the individual resident's assessed needs. Individual rights assessments had been completed for all restrictions put in place. It was noted that a restriction in relation to one of the resident's use of a wheelchair in the community was being considered for reduction, in consultation with the resident and their families. Two staff spoken with outlined to the inspector the risks involved and the impact that the use of restrictive practices had on an individual resident’s rights and liberty. All restrictive practices used were subject to regular review with the purpose to reduce or eliminate where possible their use. The inspector noted that all restrictive practices were discussed at residents' annual personal plan review meetings as part of a multidisciplinary approach.

Judgment: Substantially compliant

Regulation 8: Protection

There were measures in place to keep residents safe and to protect them from abuse or harm. There had been no reported safeguarding concerns in the preceding six month period and consequently there were no safeguarding plans in place. As both residents had their own self contained living areas, the risk of peer to peer safeguarding concerns were minimised. The provider had a safeguarding policy in place. Intimate care plans were in place for both residents which provided sufficient detail to guide staff in meeting the intimate care needs of each resident. The inspector observed staff treating each of the residents with dignity and respect. Three staff members spoken with, had a clear understanding in relation to

safeguarding residents and the prevention, detection and response to abuse. All staff had attended appropriate training.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were promoted in the centre. The cultural identity of one of the residents was being respected in the centre with staff supporting the resident to make a specific meal associated with their culture which they enjoyed on a daily basis. There was an easy-to-read charter of residents' rights available in the centre. The inspector reviewed records of consultations with the residents and their family regarding their care and the running of the centre, Safeguarding and human rights were regular agenda items at each of the resident's house meetings. The inspector observed that staff treated both of the residents, with dignity and respect. The inspector reviewed records of regular key working meetings with individual residents where it was noted their rights were discussed. Information on residents' rights was available in an accessible format in the centre. Each of the residents had a financial capacity assessment completed and an appropriate support plan in place which reflected the residents' choices.

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 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
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for SVC-KH OSV-0005338

Inspection ID: MON-0037999

Date of inspection: 04/06/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Designated Centre continues to be supported by senior management to backfill vacancies using available staff on the Centre's relief panel and through agency. Currently there are familiar relief staff working in the Centre filling 3 SCW vacancies. On-going recruitment strategies are being undertaken in collaboration with Human Resources to fill the roles identified.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Identified policies have been escalated to senior management and are currently under review.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	

The referral is currently active with the Positive Behaviour Support Team and remains active on their waiting list. Behaviour support plans in place.
Both men are supported by a wider Multi-Disciplinary Team if there are any requirements or changes in their presentation.

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 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 the designated centre.	Substantially Compliant	Yellow	31/12/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2025

Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/12/2025