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:	Kill Avenue
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	06 June 2025
Centre ID:	OSV-0006747
Fieldwork ID:	MON-0038457

About the designated centre

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

Kill Avenue is a designated centre operated by St. John of God Community Services CLG. This designated centre is comprised of two houses located in nearby suburbs of Dublin and provides full-time residential services for up to five adult residents with intellectual disabilities. The centre is located near public transport routes and amenities within a reasonable walking distance from the centre. Each house provides individual resident bedrooms, a shared kitchen and dining area, sitting room and accessible bathrooms and toilets. A small garden space is situated to the rear of both of the properties. The centre is managed by a person in charge who is also responsible for two other designated centres located nearby. The person in charge is supported in their role by a social care leader and senior manager. Residents are supported by a team of social care workers, and staff nurses also complement the roster in one of the houses, due to those residents' assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Friday 6 June 2025	10:00hrs to 16:20hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection to inform decision making in response to the provider's application to renew the centre's registration.

The inspector visited both of the houses that comprised the designated centre and had the opportunity to meet two residents present during the course of the inspection. Residents had also completed residents' questionnaires for the inspector to review. The inspector used conversations with residents, observations of care and support and a review of documentation to inform judgments on the quality and safety of care.

Overall, this inspection found that residents were in receipt of a very good level of support which was meeting their assessed needs and which was striving to uphold their human rights. There were improvements identified in respect of the premises of the centre and the fire evacuation arrangements; however, the provider had self-identified many of these issues and was working towards addressing them at the time of inspection.

The designated centre is comprised of two houses located close to each other in South Dublin. One house is a small bungalow with capacity for one resident, and the other house is a larger, dormer bungalow with capacity for four residents. Both houses were fully occupied at the time of inspection and there were no vacancies. The centre provides care and support for residents with intellectual disabilities and other assessed support needs.

The inspector first visited the smaller of the houses which comprised the designated centre and had the opportunity to meet with the resident who lived there and two of the staff members who were supporting them. Previously, this resident had shared the premises with another resident, however due to their assessed needs, the provider had revised the living arrangements and the resident was living there on their own at the time of inspection. The inspector was told, by staff, that this was having a very positive impact on the resident. They were more relaxed, happier in their home and were engaging in more community activities. This resident had recently been supported to enjoy a holiday in a hotel, which the inspector was told was a big achievement for them. The holiday had gone very well and staff were supporting the resident to plan another one. The inspector saw, on a review of the residents' behaviour support plan, that there had been a significant reduction in incidents of concern since the revised living arrangements had been implemented.

The resident in this house showed the inspector their easy-to-read visual schedule for the day. They had already helped with some of the activities of daily living as detailed on the schedule before the inspector arrived; for example, they had unpacked the dishwasher and cleaned the bathroom floor. They then planned to go out to the cinema and were going to have dinner with a friend that evening.

Staff supported the resident to communicate with the inspector and demonstrated a clear understanding of the resident's communication strengths and needs. This resident had also filled out a residents' questionnaire, with staff support. The inspector reviewed it with the resident and saw that they were happy with the support and the facilities provided in the centre. The inspector also heard, and saw, positive and friendly interactions between the staff on duty and the resident. Staff were heard responding positively to the resident and offering praise and encouragement. Staff answered the resident's questions and encouraged their autonomy in their daily routine.

The resident then showed the inspector around their home. The inspector saw that the centre was clean and was personalised. There were photographs of the resident and their family on the walls. The resident had their own bedroom which had equipment required by their assessed needs. There were some works required, for example flooring required replacement and one toilet was not in use due to plumbing issues. This was not impacting greatly on the facilities of the centre as the resident had access to a larger bathroom. The person in charge told the inspector that there were issues with mould in the centre. A dehumidifier was used and there was regular cleaning and treatment of the mould; however, more invasive remedial works were required. These works had been approved and were due to commence in the coming months.

The inspector travelled to the second house in the afternoon. One resident was at home when the inspector arrived. Another resident was in hospital at the time of inspection, and the two remaining residents had gone out with staff support. The inspector greeted the resident who was at home. They shook the inspector's hand and seemed to be relaxed in their home. They were listening to music and told the inspector that they liked the music that was playing. Later on, the resident was seen to be sleeping in their bedroom. Staff told the inspector that the resident could get quite tired due to their assessed medical needs, and the inspector saw that the associated care plan for this medical need detailed the importance of rest for the resident. When they woke, the resident asked the staff for a cup of tea. The staff on duty responded quickly to the resident and brought them tea. Staff were seen to be responsive to the resident and communicated in a kind and caring manner.

Staff in this centre had received training in human rights. One staff member spoken with told the inspector of how they advocated for residents and supported their autonomy in respect of their daily lives. In particular, this staff member spoke of ensuring residents' communication rights were upheld and of how valuable communication training had been to them in understanding residents' communication needs.

The centre was large and provided ground floor individual resident bedrooms, a communal kitchen and dining room, a sensory room, utility and accessible bathrooms. Storage rooms and a staff office were located upstairs. The centre had been designed with accessibility in mind and there were ramps and a lift externally for residents with mobility issues to use; however, the lift was broken at the time of inspection.

Some of the residents' needs had changed in recent months and they required more support with their mobility and with evacuations of the centre. The provider had identified that improvements were required to ensure accessibility of the centre in this regard and had plans to repair the broken lift. At the time of inspection, all residents were ambulant and could use the steps or walk down the ramp in the driveway; however, some residents refused to engage in fire evacuation drills and the recommended evacuation aids to help these residents could not be used with the current design of the evacuation route.

Some upkeep was required to the centre. In particular, flooring was damaged in parts and required replacement, and walls and doors required painting. Residents' bedrooms were personalised. Residents had sufficient storage for their personal belongings and their possessions were proudly displayed. One resident's family had completed a questionnaire for the inspector to review. This questionnaire told the inspector that they were very happy with the service and had no concerns regarding the care provided.

Overall, the inspector found that the residents who lived in this centre were in receipt of person-centred care and support which was supporting their wellbeing and enabling them to live busy and active lives of their choosing. Upkeep was required to the premises of both houses, and improvements were required to the fire evacuation arrangements of one of the houses. The provider was aware of these issues and had plans in place to address most of the risks at the time on inspection.

The next two sections of the report describe the oversight arrangement and how effective these were in ensuring the quality and safety of care.

Capacity and capability

This section of the report describes the governance and management arrangements of the centre. This inspection found that there was an effective governance structure, whereby there were clear lines of accountability at individual, team and service levels. This was ensuring that all staff were aware of their responsibilities and of who they were accountable to. It also ensured that risks to the quality and safety of care could be quickly escalated to the provider level.

The designated centre was sufficiently resourced in order to provide person-centred care to the residents who lived there. There were sufficient staff on duty on all of the rostered dates reviewed by the inspector to meet the needs and number of residents. A roster review had been recently undertaken and the revised roster arrangements were supporting enhanced continuity of care. There was a very low reliance on relief staff or agency staff and, where there were gaps in the roster, these were filled by a small number of familiar staff. This was effective in ensuring that residents were supported by staff who knew them and their needs and preferences well.

Staff spoken with understood their roles and responsibilities. They were familiar with the provider's policies and procedures and described to the inspector how these were implemented in the provision of various aspects of care; for example, one staff member talked the inspector through the procedure for safe administration of medications.

Staff members were provided with support and advice. They received regular supervision and support from management. Staff were supported to exercise their accountability for the provision of rights-informed care to the residents. Two staff members told the inspector how they supported residents' right to communicate on a daily basis. Staff also had access to regular training to ensure that they had the required competencies to meet residents' needs and to deliver person-centred care.

The service had clearly defined governance arrangements. There were structures in place for the staff team to raise concerns through the management team, and systems for the person in charge and social care leader to regularly meet with senior management and review service improvement plans. Local and provider-level audits were comprehensive and were seen to be effective in driving service improvement.

The social care leader and person in charge demonstrated that they understood the needs of the residents. They were committed to driving continuous improvements and ensuring that residents were living in as restraint free and environment as possible, which was upholding their human rights.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete application was made in order to renew the centre's certificate of registration. The application was submitted on time and the fee was paid. This afforded the centre the associated protections under the Health Act (2007) as amended.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full time person in charge for the centre. They also had responsibility for overseeing the quality and safety of care in two other designated centres operated by the provider. They were supported in their role by the appointment of a full time social care leader for each of the designated centres. The person in charge and social care leader were supernumerary to the roster. This afforded them sufficient management time and enabled the person in charge to fulfill their regulatory responsibilities.

The person in charge was suitably experienced and qualified having a degree in social science and an appropriate management qualification. They had been in their role as person in charge of this centre since 2023 and demonstrated a comprehensive understanding of the residents' and the service needs.

Judgment: Compliant

Regulation 15: Staffing

Planned and actual rosters were maintained for the centre. The inspector reviewed the rosters across dates in April and May 2025 and saw that staffing levels were maintained in line with the statement of purpose. The inspector saw that there were sufficient staff on duty to meet the needs of the residents in a person-centred manner.

There was one vacancy in the centre which was filled by a small number of relief and agency staff. The person in charge had ensured that this was not impacting on the continuity of care, for example by ensuring that only a very small number of regular relief and agency staff were used.

A roster review had been recently completed and changes were made to the roster, in order to better meet the needs of the residents. For example, two waking night staff were on duty in one of the houses. This was effective in ensuring that residents' assessed needs could be appropriately met.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was reviewed by the inspector which showed that there was a very high level of compliance with mandatory and refresher training. All staff were up to date in key training including in fire safety, safeguarding vulnerable adults, infection prevention and control and safe administration of medications.

Monthly staff meetings were held which were facilitated by the social care leader. The inspector reviewed the minutes of the two most recent staff meetings in each of the houses. These minutes showed that staff were kept updated regarding the residents' needs, policy developments, complaints, incidents of concern and safeguarding. Staff also had the opportunity to raise any issues or concerns to the management team.

Staff received regular support and supervision in the format of one formal supervision meeting and one performance management and development meeting

per year. A schedule was in place to ensure that staff receive these supervisions in line with the provider's policy.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted a copy of their certificate of insurance as part of their application to renew the centre's certificate of registration. The inspector saw that the provider had effected a policy of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place in the centre. The staff team reported to a social care leader, who in turn reported to the person in charge. The person in charge was supported in their role by a service manager. Staff were in receipt of regular support and supervision and had the opportunity, through regular staff meetings, to raise concerns about the quality or safety of care to the provider level. Staff were performance managed, and staff spoken with were informed of their defined responsibilities and of the provider's policies and procedures.

There were a series of regular meetings at management level which allowed the social care leader and person in charge to raise issues to the provider. Monthly designated centre meetings were held which reviewed incident reports, staffing allocations, safeguarding and staff training needs among other key areas. The person in charge had monthly meetings with the service manager to review the service development plan and to track the progress of any required actions in order to ensure a good quality and safe service for the residents. The inspector reviewed the minutes of the last three of these meetings and saw that they covered key topics pertinent to the oversight of the centre, for example clinical supervisions of staff, policy updates and oversight of restrictive practices.

Local and provider level audits were used to effectively identify any risks. There was a system in place whereby social care leaders completed monthly themed audits in neighbouring designated centres. This provided an additional level of oversight to ensure the quality of the service. These audits explored themes such as rights, communication, personal possessions and food and nutrition. Recommendations were made arising from these audits in order to improve the service.

The provider had completed six monthly unannounced audits as well as an annual review of the quality and safety of care, as required by the regulations. The inspector reviewed the two most recent six monthly unannounced visit reports and the annual review of the quality and safety of care for 2024. The audits were very comprehensive and were informed by the residents. They identified areas for improvement, as well as areas that the service was performing well in.

A quality enhancement tool was informed by these audits and this tool was used to track progression of required actions. The audits were found to be reflective of the presenting risks; for example, the annual review identified that there was a risk in respect of fire evacuations and premises. Both of these were areas identified as requiring improvement on the current inspection. The six monthly audits were seen to be effective in driving service improvements in a timely manner; for example, at the time of the six monthly audit in March 2025, it was identified that a high number of staff required a specific safeguarding training. This need had been addressed by the time of the inspection and all staff had completed this training.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the designated centre. This was reviewed by the inspector. It was seen to contain all of the information as required by the regulations; for example, detailed information on the services and facilities of the centre and on the staffing arrangements was included.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers working in the centre at the time of inspection. The inspector was told that there was an up-to-date provider level policy which set out the procedures for utilising volunteering resources in designated centres.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. The inspector saw, and was told, that residents were

in receipt of a very good quality service which was meeting their assessed needs in a rights-informed manner. However, improvements were required to the premises and to fire evacuation arrangements to ensure the safety of the residents in the event of an emergency, and to effectively clean the premises in line with infection prevention and control guidance.

Both of the houses that comprised the designated centre were large, homely and offered space for residents to be on their own or to socialise with others. Improvements were required to the flooring in both of the houses to ensure it could be effectively cleaned. Other works were also required to make the centre more homely and welcoming, for example painting was required to walls and doors. Additionally, premises works were required to ensure the safe evacuation of residents. In one of the houses, it was seen that residents could not be fully evacuated at all times. This is discussed further under regulation 28.

Residents in this centre had a personalised plan which was developed in consultation with the resident themselves, their representatives and the multidisciplinary team. The plan clearly detailed the supports required to enable the residents to achieve a good quality of life and realise their goals. Plans were reviewed regularly and the inspector saw that staff monitored progression towards achieving individual goals. Residents' health and development was promoted and they had timely access to health interventions as required by their assessed needs, or by changes to these needs

A positive approach to behaviour was seen, where this was tailored to meet the needs of each resident. Staff had received training in behaviour support and human rights and were guided by overarching provider-level policies in responding to behaviour that challenges. The service limited the use of restrictive procedures and was endeavouring to reduce and eliminate these in order to uphold each residents' dignity.

Communication with the residents was clear, appropriate and positive. Information was provided in a format which was suitable to residents' assessed needs and enabled them to make choices about their day. Each resident had a structure to their daily life that best reflected their goals, interests and activities. Some residents received individualised support to avail of community activities. Other residents received support to attend appointments and were enabled to rest at home if they wished to do so.

Family and friends were welcomed by the service and were central to residents' lives, in line with their wishes. One of the residents had developed meaningful relationships in their community, for example with their neighbours.

Residents were protected from abuse. All staff had received training in safeguarding vulnerable adults and any allegations of abuse were seen to be investigated and reported to the required statutory bodies. Safeguarding plans were implemented where there were concerns identified in respect of a person's safety.

Regulation 10: Communication

Many of the residents who lived in this centre presented with assessed communication needs. The inspector saw, on a review of residents' files, that residents' communication needs had been assessed by an appropriate multidisciplinary professional and this assessment was used to inform communication care plans.

Staff had received specific communication training and used this training to update residents "all about me" in respect of their communication profile. One staff member spoken with described to the inspector how they used communication training to better support residents to understand information and to communicate their wishes.

Staff spoken with were informed of residents' communication care plans. The inspector saw that the centre was equipped with supports in order to make information easy for residents to understand. One resident showed the inspector their visual schedule for the day and told her of their plan. The inspector also saw this resident use a visual staff roster to ask the staff on duty about other staff members. Staff understood the resident's communication and were able to facilitate a conversation between the resident and the inspector.

The provider had effected a policy on inclusive communication which had been updated in May 2025.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions on residents receiving visitors in the designated centre. This arrangement was detailed in the statement of purpose and the provider's visiting policy.

The inspector was told that many family members visited the residents regularly and that other residents prefer to go visit their family in their homes. The inspector saw pictures of a resident being supported by staff to attend a family wedding last year and was told that this had been an important goal for the resident. Another resident enjoyed having friends over to their house and had recently celebrated their birthday with a party in the centre with their friends.

There were facilities for residents to meet with their visitors in private if they wished.

Judgment: Compliant

Regulation 17: Premises

The premises of each designated centre was designed and laid out to meet the number of residents who lived there. Each house was clean and homely and provided sufficient communal and private space; however, upkeep and maintenance was required to both houses. This had been a longstanding issue for both houses.

Works were required to replace worn flooring and to paint walls and doors. One of the houses also required work to a toilet and to the ventilation systems. The inspector was told that there were issues with mould in one of the premises and, while this was managed effectively with regular cleaning and treatment, larger scale remedial works were required to the building to address the mould issue in the long-term.

The design of the larger house also required review to ensure accessibility in line with residents' changing needs and, in particular, to ensure the safe evacuation of residents. This is discussed further under regulation 28.

The inspector was told that funding had been approved to complete these works. The inspector was shown an email which confirmed that works were scheduled to commence in October 2025 to address premises issues in both houses.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available in the designated centre and was reviewed by the inspector. It included all of the information required by the regulations, including the fire evacuation arrangements and the procedure for residents to make a complaint.

Judgment: Compliant

Regulation 28: Fire precautions

There were known risks in respect of the fire evacuation arrangements for two residents who inconsistently complied with fire drill evacuations. The inspector found that these risks had not been adequately assessed and controlled for. The inspector saw that two residents, in one of the houses, were inconsistently compliant with fire evacuations over recent months. One resident refused to fully evacuate on two out

of six fire drills within the past 12 months, and the other resident refused to fully evacuate on two out of five fire drills.

The staff team, in consultation with the multidisciplinary team, had completed skills training with these residents and had implemented a number of strategies to attempt to aid the evacuations, including for example, offering incentives during fire drills; however, these were not always effective. The residents' personal evacuation plans and the associated individual risk assessments did not detail what additional measures staff should take in the event of an emergency and the offered incentives being insufficient in aiding a full evacuation of the centre.

Additionally, there were risks identified in respect of the escape routes. Two of the emergency exits leading to the fire assembly point were key locked. Keys were carried by staff and a key was in a break glass box beside the exit; however this posed a risk to a timely evacuation in the event of an emergency.

Improvements were also required to the escape route to allow for residents to be evacuated in mobility aids. An external lift had been installed but was not working at the time of the inspection. One of the residents, who had recently not complied with an evacuation, had been provided with a comfy chair with castors and a lap belt which could be used in the event of a fire evacuation; however, staff told the inspector that they could not get the chair over the threshold of the house while the resident was in it, and even if they could get the chair outside, there was no way to get the resident to the fire assembly point while the lift was broken.

It was not demonstrated that all residents could be evacuated in the event of an emergency and that there were appropriate escape routes maintained in the centre. This posed a risk to the safety of residents and required review by the provider.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate procedures for ordering, administering and disposing of medications. Residents' and their representatives' preferences in respect of a choice of pharmacist was documented. An assessment of capacity to self administer medications had been completed for residents.

A staff member showed the inspector the storage of medications in the larger of the two houses. Medications were seen to be stored securely. There were procedures for the administration of controlled medications. The inspector reviewed the medication management plan and protocol for administering emergency medication for one resident. These had been recently reviewed and updated and detailed clear procedures around the administration of emergency medications.

The inspector reviewed the medication administration records of one resident. It was seen that medications were administered as prescribed. Regular audits of

medications were completed, with the most recent one occurring on 29 May 2025. This documented any errors or areas for improvement.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the individual files of two residents in detail over the course of the inspection. It was found that both of these files contained an up-to-date and comprehensive individual assessments which detailed their needs, and the supports required to meet these needs. The individual assessment was informed by the multidisciplinary team, the staff team, the residents' representatives and the resident themselves.

Residents had access to a wide range of multidisciplinary interventions depending on their specific needs. Regular reviews and input from professionals including psychiatry, psychology, occupational therapy, social work and speech and language therapy was documented. This information was used to inform care plans and to keep these up to date and relevant. The inspector saw that residents had timely access to assessments and interventions for health needs; for example, one resident had fractured an ankle earlier this year and had care plans in place which detailed their physiotherapy needs, orthopaedics reviews and mobility guidelines.

Care plans were written in a person-centred manner and clearly detailed residents' preferences in respect of their care and support. Residents' files also contained a "life vision" document which detailed their strengths, hopes and dreams. This was informed by the resident, their keyworker and their family, as appropriate.This document was used to inform meaningful goals for the year. Goals included, for example going on holiday and going out for meals. One of the residents told the inspector about a recent holiday they had gone on. Keyworkers tracked progression of these goals through regular meetings with residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a small number of restrictive practices in place in the designated centre. These had been logged on a register and were reviewed regularly by the provider's rights committee. The inspector saw that a number of restrictive practices had recently been eliminated from the centre as they were no longer required. For example, locked wardrobes and a mechanical restraint, required for safety on transport, for one resident had been eliminated from the centre. This showed that

the provider was endeavouring to ensure that restrictive practices were implemented for the shortest duration possible.

Consideration had been given to other restrictive practices in order to make them as minimally restrictive as possible, and to ensure that they did not impact on other residents' rights. For example, a fridge was locked due to one resident's assessed needs and an associated risk; however this was only locked when there was reduced staff supervision in the kitchen area.

The provider had in place a restrictive practices policy which had been recently reviewed and updated. This policy guided staff in the use of restrictive practices. The provider also had a positive behaviour support policy which had been reviewed within the past three years as required by the regulations.

Each resident, who required one, had a positive behaviour support plan on their file which was informed by the relevant multidisciplinary therapist. The behaviour support plans of two residents were reviewed by the inspector. These were written in a person-centred and rights-informed manner. They detailed proactive strategies for managing behaviour and explored the functions of behaviours in respect of residents' communication profiles. The two positive behaviour support plans reviewed showed a significant reduction in incidents of behaviours of concern over the past 13 months. For one resident, this reduction was associated with changes to their living arrangements which were found to be having a positive impact and it was recommended that these arrangements be maintained.

Staff in this centre were in receipt of regular training in respect of crisis prevention intervention and positive behaviour support. Three new staff required behaviour support training and were scheduled to complete this in the coming months. In the meantime, the social care leader, who had additional behaviour support training, had provided support and on-the-ground training to these staff to ensure that they had the required skills and knowledge to support residents' assessed behaviour support needs.

Judgment: Compliant

Regulation 8: Protection

There were a low number of safeguarding concerns reported in respect of this designated centre. The inspector reviewed the documentation around two of the most recent safeguarding incidents. The inspector saw that these incidents were recorded and reported to the safeguarding and protection team and to the Chief Inspector as required. Safeguarding plans were implemented in order to safeguard residents from abuse. Staff spoken with were informed of these plans of the measures to keep residents safe. All staff in this centre were up to date with training in Safeguarding Vulnerable Adults and Children First.

Residents' individual files contained person-centred intimate care plans which detailed residents' preferences in respect of their care and described how staff should uphold residents' autonomy and dignity in the provision of this care. The provider had in place up-to-date policies in relation to safeguarding; for example there were policies available in respect of the provision of personal and intimate care, a garda vetting policy and a standard operating procedure for safeguarding incidents.
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	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kill Avenue OSV-0006747

Inspection ID: MON-0038457

Date of inspection: 06/06/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Funding has been approved for the replacement of the flooring in one location. This went out to tender and is planned to be completed by October 2025. Painting in the same location has been funded for all communal areas and is also scheduled to be completed by November 2025. A request has been sent to paint / varnish doors in the location also. This will be completed by December 2025. Works were completed on the driveway to the side of the house. The broken pathway was removed and extended to allow for additional vehicles to park alongside. This also improves the accessibility for all residents using the vehicles and for those using wheelchair / walking aids. Motorised switches were also installed on the velux windows in the kitchen are to support with ventilation. All of the paperwork has now been received for the grant application to remove and replace the external lift. This will support with accessibility and future proof the property for the residents. It will also assist us with fire evacuation procedures and help with gaining distance from the property. This will be completed by the end of December 2025. In the second property, works will be completed in line with the Service Development Plan. This will see the resident move to the adjacent property once remedial works have been completed there. The resident will be supported to transition by the end of December 2025 and will then live in this location. Then the bigger scope of work will be completed on the current property. This includes replacing all the floors, renovation of the current bathroom, renovation of the current W.C that is blocked off, and installation of velux windows in the bathrooms to address ventilation issues. This will be completed by the end of July 2026.	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: An MDT meeting has been scheduled for 08.06.2025. Both residents' personal evacuation plans and associated risk assessments will be reviewed and additional measures to be taken in the event of an emergency will be implemented following this. Skills teaching will be considered as part of the plan for one of the residents and this will be agreed at the MDT meeting. This will be completed by the 15th of September 2025.

In relation to the 2 doors that are currently key locked, thumb turn locks have been ordered for these doors. This will be completed by the end of July 2025.

All of the paperwork has now been received for the grant application to remove and replace the external lift. This will support with accessibility and future proof the property for the residents. It will also assist us with fire evacuation procedures and help with gaining distance from the property. This will be completed by the end of December 2025.

A grant application will be submitted to allow for improvements in the escape routes to support use of the comfy chair with castors. A schedule will be developed for the completion of the works. This will be completed by the end of December 2025.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2025
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	15/09/2025