

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

## Issued by the Chief Inspector

Name of designated centre:	SVC - MPH
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	30 October 2025
Centre ID:	OSV-0007769
Fieldwork ID:	MON-0039715

## About the designated centre

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

This designated centre is based on the St Vincent's Campus in a suburban area of North Dublin. It is comprised of one residential unit which consists of an entrance hallway; a kitchen, dining and living room area; a sensory room; a staff office; seven resident bedrooms; toilets, bathrooms and shower rooms; store rooms; a visitor room and a laundry room. The centre supports up to seven residents with complex medical needs. It provides a 24 hour residential service to residents and employs a staff team made up of a person in charge, a clinical nurse manager, staff nurses, care staff and household staff.

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

Number of residents on the date of inspection:	7
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 30 October 2025	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the staff and residents told the inspector and what the inspector observed, there was evidence that the residents living in the centre received good quality care and support. However, maintenance and repair was identified as required in a number of areas, and it was noted that there were some institutional practices regarding the preparation of some meals. This is a nurse-led service as a number of residents presented with high medical care and support needs.

The centre comprises of a seven-bedroom bungalow. It was located on a residential campus-based setting, adjacent to a number of other designated centres operated by the provider. There were three day services located on the campus and each of the residents attended one of these day services on either a full-time or a sessional basis. The campus is located in a residential area of a city and in close proximity to a range of local amenities such as cafés, shops, public houses, restaurants, public parks and transport links. Within the campus setting there were a number of communal gardens, a sensory garden, a gym, a swimming pool and a play ground.

There were long-term plans to decongregate the designated centre in line with the Health Service Executive (HSE) National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". However, the person in charge reported that a defined timeline for same had not yet been determined.

The centre was registered to accommodate a maximum of seven adult residents. One of the seven residents spent the majority of their time in their family home with regular but infrequent overnight stays in the centre. Each of the other residents were full-time residents in the centre but also had regular contact with their respective families.

The inspector met with six of the seven residents on the day of inspection. Three of the residents engaged in baking scones with staff on the morning of the inspection. The inspector sat with residents and staff members to enjoy the freshly baked goods. The scones were prepared in a modified form for two of the residents who were supported by staff to enjoy same in the company of the inspector. The residents appeared in good form and while a number of the residents were non verbal with limited communication skills, they were noted to make happy vocalisation sounds at various times over the day. The residents appeared happy and relaxed in the company of staff. One of the residents indicated to the inspector that they were happy living in the centre and that staff were kind to them. It was evident that these residents had a strong rapport with the staff who were caring for them. Five of the residents were present in the centre on the day of this inspection, as their day service programme was on planned holidays. The sixth resident attended their day service and was met with on their return in the evening.

The seven residents had been living together for an extended period, and overall were considered to get along well together and to enjoy spending time together. It

was noted that one of the residents enjoyed their individual space and was reluctant to engage with the other residents. It was reported that an initial assessment regarding the compatibility and long-term suitability of the shared living arrangements to meet this resident's needs had commenced. There were a small number of residents who presented with some behaviours which could be difficult to manage in a group living environment. However, incidents were considered to be well managed.

The centre was found to be comfortable and homely. However, there were a number of worn surfaces observed. These included worn and chipped paint in a number of areas and in particular on doorways. The flooring in some areas appeared worn and broken in areas. For example, in the hallway outside the bathroom door, in the bathroom and in the wet room. Each of the residents had their own bedroom which they had personalised to their own taste with pictures of family, soft furnishings, cuddly toys and other memorabilia. Two of the residents had pictures of horses in their rooms and their favourite football teams, which was their passion. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. The bedrooms were a suitable size and layout for the residents' individual needs. Six of the seven bedrooms had an emergency exit route from their bedroom. There were appropriate numbers of toilets, showers and baths provided in the centre along with communal and private spaces. There was satisfactory arrangements in place for the storage of personal belongings including clothing and other items. New storage presses had recently been creatively established in the sitting room for the storage of wheel chairs and other equipment. A post box specific for the centre had recently been installed to the front of the premises to provide a community home like feel for residents to securely receive and send mail.

Examples of activities that residents engaged in included, walks within the campus and to local scenic areas and beaches, church visits, football matches, cinema, observing horse racing, cooking and baking, arts and crafts, meals out and shopping. A number of the residents had recently had a two-night overnight hotel stay. Other outings included a visit to a horse show, a horse drawn carriage ride and football game. There was a good supply of arts and crafts materials, books and board games available in the centre. The centre had its own private garden area to the rear of the centre which included a seating area for outdoor dining and a number of planting beds and containers. There was also a pergola area. One of the residents had spearheaded a project seeking wind chimes, key chains and magnets from different countries. Since the last inspection the collection had grown with a large number of magnets from across Europe, Asia, America and south America. These were purchased by residents' relatives and staff. It was proposed that the area would give the seven residents a sense from some of these countries, recognising that they may not have an opportunity to visit there themselves on medical grounds.

There were two dedicated household staff responsible for cleaning, who were supported and assisted by other staff members. There were detailed checklists in use and the inspector reviewed records which were found to be appropriately maintained for areas cleaned. All areas appeared clean. The inspector found that

there were adequate resources in place to clean the centre.

The inspector did not have an opportunity to meet with the family of any of the residents but it was reported by the staff nurse in charge that they were happy with the care and support being provided for their loved ones. The provider had completed a survey with residents and relatives as part of its annual review. These indicated that relatives were happy with the quality of the service being provided.

The inspector met with three members of the staff team, a household member of staff and a student nurse during the course of the inspection. These staff members spoke about the residents in an appropriate, kind and respectful manner and had a good knowledge of their individual needs including communication methods and dietary requirements. The staff members told the inspector that they enjoyed working in the centre and that they felt supported by the management and staff team.

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

## Capacity and capability

The inspector found that there were suitable governance and management arrangements in place to promote the service provided to be safe, consistent and appropriate to residents' needs. The provider has ensured that the centre was well resourced with sufficient staff, facilities and available supports to meet the needs of the residents. However, as identified later in the report maintenance and repairs were required in some areas.

The person in charge was suitably qualified and experienced. They were in a full-time position and were also responsible for one other centre which was located on the same campus. They had a background as a registered general nurse and held a masters in intellectual disabilities and a certificate in management. They had more than six years management experience and presented with a good knowledge of the assessed needs and support requirements for each of the residents and of the requirements of the regulations. The person in charge reported that she felt supported in their role and had regular formal and informal contact with their manager.

There was a clearly-defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. There was a vacant post of a clinical nurse manager 1 (CNM1) at the time of this inspection who it was reported was in the final stages of recruitment and due to commence working in the centre at the end of November 2025. The proposed CNM1 was to work between this centre

and the other centre for which the person in charge held responsibility. The person in charge reported to a clinical nurse manager grade 3 (CNM 3) who in turn reported to the service manager. The person in charge and CNM 3 held formal meetings on a regular basis.

#### Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge of the centre. The person in charge had taken up the position of interim person in charge in 2023 but had recently been appointed a permanent position. The inspector reviewed the Schedule 2 information, as required by the Regulations, which the provider had submitted for the person in charge. These documents demonstrated that the person in charge had the required experience and qualifications for their role. The person in charge was in a full-time position and was responsible for one other centre located on the same campus. They had a good knowledge of the assessed needs and support requirements for each of the residents living in the centre and of the requirements of the regulations. The person in charge reported that they felt supported in their role and had regular formal and informal contact with their manager.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team were found to be appropriately qualified and experienced to meet the residents' needs. This was a staff nurse-led service with a registered staff nurse rostered on each shift. The full complement of staff were in place at the time of inspection with the exception of the 0.5 whole time equivalent deputy manager position which was due to be filled at the end of November 2025. The inspector reviewed the planned and actual staff rosters for the preceding four-week period. These rosters were found to be maintained to a satisfactory level and demonstrated that there were adequate numbers of staff on duty with the required skills to meet residents' assessed needs. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents. The inspector noted that the residents' needs and preferences were well known to the person in charge and the three staff met with on the day of this inspection. The staff team comprised of registered staff nurses, support workers, household staff and the person in charge.

Judgment: 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. Training records reviewed by the inspector showed that staff had attended all mandatory and refresher training. It was noted that a staff member was overdue to attend manual handling training and another staff member was due to attend safeguarding training. However, training for both had been scheduled. A training needs analysis had been completed. There was evidence to demonstrate that staff members received ongoing training as part of their continuous professional development that was relevant to the needs of residents and promoted safe social care practices, such as managing feeding, eating and swallowing and transport. The inspector found that there were satisfactory arrangements in place for the supervision of the staff team. The inspector reviewed a sample of four staff members supervision records and found they were of a good quality and had been undertaken in line with the frequency proposed in the provider's policy. Staff members spoken with reported that they found the supervision provided to be supportive. There were no volunteers working in the centre at the time of inspection. The inspector reviewed the minutes of staff meetings in the preceding three-month period. These were 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 effective governance and management arrangements in place to ensure the the delivery of high-quality person-centred care and support. There were clear lines of accountability and responsibility. The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six-monthly basis as required by the regulations. A number of other audits and checks had been completed. Examples of these included, infection prevention and control, finance, care plans and medication. There was evidence that actions were taken to address issues identified in these audits and checks. The inspector reviewed minutes of regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

Judgment: Compliant

## Regulation 3: Statement of purpose

The centre's statement of purpose was reviewed by the inspector and was found to contain all of the requirements of Schedule 1 of the regulations. The inspector observed that the statement of purpose had recently been reviewed and a copy was available in the centre for residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of all incidents was maintained and where required these were notified to the office of the Chief Inspector of Social Services in line with the requirements of the regulations. The inspector reviewed records of all incidents occurring in the centre in the preceding three month period and found that they had been appropriately recorded and responded to. Overall it was noted by the inspector that there were low numbers of incidents reported in this centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints procedure in place and a complaints log was maintained. There had been a small number of complaints in the preceding 12 month period which had been managed in accordance with the provider's complaint procedure and the requirement of the regulations. It was noted that measures required for improvement in response to a complaint were considered. There were no open complaints at the time of inspection. None of the residents were accessing independent advocacy services at the time of inspection but information on how they could access advocacy services for the purpose of making a complaint were available in the centre.

Judgment: Compliant

## Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. A safe and comfortable environment for individuals was observed by the inspector. However, maintenance and repair was required in a number of areas and some meals were not being prepared in the centre.

The residents' wellbeing, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan reflected the assessed needs of each resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. It was noted that one of the residents enjoyed their individual space and was reluctant to engage with the other residents. The person in charge reported that an initial assessment regarding the compatibility and long term suitability of the shared living arrangements to meet this resident's needs had commenced. The health and safety of residents, visitors and staff were promoted and protected. The provider was found to have good systems in place to ensure that health and safety risks, including fire precautions were mitigated against in the centre. Adverse events were reported and actions were put in place where required, which were then shared with the staff team to ensure that they were implemented.

A number of the residents were non verbal with limited communication skills. Communication passports were in place for these residents with clear guidance for staff. Speech and language therapist guidelines were also in place for individual residents based on a clear assessment of residents' communication needs.

There was evidence available to demonstrate that residents were supported to engage in some meaningful and rewarding activities. An activity record and tracker was maintained for all off-campus activities. Activities that residents were supported to engage in reflected their abilities, health needs and interests and it was clear to the inspector that the staff met with knew the residents' needs well and acted as advocates for them when required. From a sample of three resident files reviewed, it was noted that meaningful goals were identified for each of the residents. Examples of recent goals which had been identified and achieved for a number of the residents included, a two night hotel stay with staff support, to attend a specific sporting event and to complete charity work in collaboration with a well known animal charity which the resident had a history of supporting. However, it was noted that in some cases records were not appropriately maintained of dates goals were identified or details of when achieved. There was evidence of strong family involvement for each of the residents with consultation with the residents and their families and representatives. There were regular house meetings where plans for activities and menus were discussed and agreed. There were picture exchange systems used during the meetings to ensure that residents with communication difficulties could understand the options available to them and to offer them opportunities to contribute.

## Regulation 17: Premises

The inspector found that the centre appeared clean and warm. It provided for a comfortable environment for residents. However, there were a number of worn surfaces observed. These included worn and chipped paint in a number of areas and in particular on doorways. The flooring in some areas appeared worn and broken in areas. For example, in the hallway outside the bathroom door, in the bathroom and

in the wet room.
Judgment: Substantially compliant
<b>Regulation 18: Food and nutrition</b>
<p>From observations and review of records, it was noted that residents were provided with a varied and nutritious diet. However, the main meal of the day was prepared in a centralised kitchen which was not located in the centre but located on another campus-based setting operated by the provider. These meals were then transferred cooked in a heated mobile oven to the centre. The inspector considered that the arrangements and practice of preparing meals in a centralised kitchen off site was an institutionalised practice and limited residents' involvement in buying, preparing and cooking their own meals. A choice of meals was agreed in advance with residents through menu planning meetings. There were some provisions in the centre for staff to cook breakfast, an evening meal and other meals should they not like the meals that were delivered for them. Pictures of the meal choices for each meal were observed on the dining room table at meal times. An adequate supply of refreshments and snacks were available in the centre.</p>
Judgment: Substantially compliant
<b>Regulation 26: Risk management procedures</b>
<p>The inspector found that there was a risk management policy in place which contained the information required by the regulations. Individual and environmental risk assessments had been recently reviewed. These indicated that where risk was identified, that the provider had put appropriate measures in place to mitigate against the risks, including staff training. A risk register was maintained in the centre. Individual safety plans were in place for residents identified to require same. The inspector reviewed a schedule of checklists relating to health and safety, fire safety and risk which were completed at regular intervals. 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. The inspector reviewed records of incidents occurring in the preceding three-month period. There were overall a low number of incidents recorded and there was evidence that all incidents were reviewed by the person in charge, and where required learning was shared with the staff team and risk assessments updated to mitigate their re-occurrence.</p>
Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

From what the inspector observed, there was evidence that the residents received good quality care and support. The inspector reviewed the personal support plan for three of the residents. The inspector found that the plans reflected the assessed needs of the residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. The plans had been reviewed on an annual basis in line with the requirements of the regulations. The last review for each of the plans was in December 2024. An activity record was maintained and a tracker to record and monitor all off campus activities. Meaningful goals had been identified for the three residents files reviewed by the inspector. However, it was noted that in some cases, records were not appropriately maintained of date goal identified or details of when achieved. It was noted that one of the residents enjoyed their individual space and was reluctant to engage with the other residents. The person in charge reported that an initial assessment regarding the compatibility and long term suitability of the shared living arrangements to meet this residents needs had commenced.

Judgment: Compliant

## Regulation 6: Health care

The residents' healthcare needs were being met by the care and support provided in the centre. This is a nurse led service with a staff nurse on duty at all times. Each of the residents had a named general practitioner (GP). A healthy diet and lifestyle was being promoted. A 'hospital passport' or emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital. A health management plan was in place for a number of the residents who had significant health issues. Individual health plans were in place for residents identified to require same for specific health issues and these were personalised to reflect resident likes and dislikes in relation to specific health treatments.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support. A small number of the residents presented with some behaviours which could be difficult to manage in a group living environment and had the potential to have an impact on other residents. In general these incidents were well managed. Suitable 'My behaviours of concern' plans were in place to support each of the residents and the inspector found that residents were appropriately supported. The inspector

reviewed training records which showed that all staff had attended training in the management of behaviours of concern, including de-escalation and intervention techniques. The inspector reviewed the centre's restrictive practice register and found suitable restriction reduction plans in place. Overall, the inspector found that the restrictive practices in use were the least restrictive procedure, for the shortest duration possible.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. There had been one allegation or suspicion of abuse in the preceding 12 month period, which had been appropriately reported and responded to. Safeguarding information was on display and included information on the nominated safeguarding officer. Staff members spoken with were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them. The provider had a safeguarding policy in place and the inspector found that the person in charge and staff team were familiar with the procedures it outlined. In addition, each resident had an intimate care plan in place which provided clear guidance for staff in supporting residents' intimate care needs.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for SVC - MPH OSV-0007769

Inspection ID: MON-0039715

Date of inspection: 30/10/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Centre was scheduled to be painted in December 2025. The flooring at the hallway area outside the bathroom and wet room were refurbished in November 2025. The remaining work required has escalated to the Service Manager and Maintenance department for action. This work should be completed by the end of Quarter 1 of 2026.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: A plan is being introduced to enhance home cooking by end of January 2026. Residents will be encouraged to participate in grocery shopping and meal preparation.	

## 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	31/03/2026
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Substantially Compliant	Yellow	31/01/2026