

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

## Issued by the Chief Inspector

Name of designated centre:	The Avenue Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	11 June 2025
Centre ID:	OSV-0008741
Fieldwork ID:	MON-0043715

## About the designated centre

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

The Avenue Community Residential Service is a centre in west Dublin which provides residential services for up to three adults with intellectual disabilities. The centre comprises of two houses located a short drive from each other. One of the houses has an adjoining apartment, and all residents receive an individualised service. The houses are located a short distance from a range of local amenities and local transport links. Residents have access to their own transport and staff team. The team comprises the person in charge, social care workers and care staff

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

Number of residents on the date of inspection:	3
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 11 June 2025	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed and the individuals spoken with said, there was evidence that the three residents living in this centre received quality care, in which their independence was promoted. Appropriate governance and management systems were in place which ensured appropriate monitoring of the services provided. Maintenance and repair was required in the kitchen, utility and staff office area of one of the houses. In addition, building works were planned for the apartment attached to one of the houses so as to extend the foot print and provide more space and a better layout in the living areas of the apartment

This centre had originally formed part of another larger designated centre operated by this provider. However, in May 2024 the provider was granted its application to make this centre a standalone designated centre. This centre comprises of two separate houses, with a self-contained apartment attached to one of the houses. The houses are located in separate residential estates and a short drive away from each other, in North West Dublin. Both of the houses are close to a range of local amenities and local transport links.

The centre is a registered for three adult residents and there were no vacancies at the time of inspection. There was one resident living in each of the two houses and they had been living in their respective homes for an extended period. A third resident had recently been admitted on an emergency basis and for a defined period to the apartment attached to one of the houses. Planning permission had been granted to extend the footprint of the apartment and building works were scheduled to commence in the following 6 to 8 week period. It had previously been identified that the size and layout of the apartment required improvement. The resident who had been admitted to the apartment was awaiting a move to more suitable and long term accommodation which it was reported would occur well in advance of the proposed building works.

The centre had been tastefully decorated in each of the areas with input from the residents. However, it was noted that in one of the houses the kitchen presses and flooring had broken surfaces. There was also broken surfaces on the flooring and presses in the staff office in this house. The person in charge reported that a new kitchen had been purchased for the house but a date for installation had not yet been agreed. There was a sensory area and a foot spa area in each of the two houses, which it was reported that each of the residents enjoyed using in their respective homes. One of the houses had a massage chair for the resident living there. Each of the areas had pictures of the respective resident and their loved ones on display. A resident was noted to have a large collection of cuddly animal toys which was one of their passions. One of the residents had memorabilia from their favourite football team and a well known music legend on display. There was a small garden to the rear of each of the houses, which could be accessed by residents. The resident living in the apartment connected to one of the houses had access to the garden of that house. There was a table and chairs in each garden for

outdoor dining and recreation. There was a vegetable patch in one of the gardens where the resident living in that house had planted potatoes, onions and peas.

The residents living in the centre presented, on occasions, with some behaviours which could be difficult for staff to manage. Suitable behaviour support plans were in place to support each of the residents and overall the inspector found that incidents were well managed and residents were appropriately supported. The individualised living arrangements for each of the residents promoted the management of behaviours.

The inspector met with each of the three residents on the day of inspection in their respective homes. The residents individually told the inspector that they were happy living in the centre and it was evident that they were proud of their home. Overall, the residents led active lives in their local communities. One of the residents was engaged in a formal day service programme two days per week whilst the other two residents engaged in individualised activities from the centre. The residents maintained close relations with their respective families with regular visits in the centre and to their respective family homes.

It was found that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents. However, staff met with and the person in charge told the inspector that the residents' families were happy with the care and support being provided for their loved ones. The provider had completed a survey with the residents and their relatives as part of their annual review of the quality and safety of care. This indicated that the residents' families were happy with the care and support that their loved ones were receiving.

There had been no recorded complaints in the centre in the preceding period. The person in charge outlined to the inspector, how staff supported the residents in a respectful manner and advocated on their behalf. Information on resident rights, complaints process, decision making capacity and the national advocacy service were available in each of the areas. In the preceding period, one of the residents had a bereavement of a close family member and there was evidence that staff had supported the resident through the difficult period.

The residents were supported to engage in meaningful activities. Activities that one or more of the residents engaged in included visits to family, shopping trips, walks in parks and animal farms, cooking and baking, coffee and meals out, swimming, arts and crafts, sensory room visits, bowling, javalon throwing, swimming, golf, tennis and music sessions. One of the residents had recently, with the support of staff completed their 21st annual consecutive mini marathon. The resident proudly showed the inspector their medal collection which it was evident that they were very proud of. Two of the residents were engaged with the Special Olympics. One of the residents had their own key board and guitar which it was reported that they enjoyed using. Each of the houses had their own dedicated vehicle for the use of staff supporting the residents to attend various activities and outings within the community. There were also a number of public transport links nearby that residents

used on occasions.

In summary, this was a well run service which provided quality care for the three residents living in the centre. 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

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs. The provider had ensured that the centre was well resourced with sufficient staff, facilities and available supports to meet the needs of the residents.

The centre was managed by a suitably qualified and experienced person in charge. The person in charge held a degree in social care and a certificate in management. She had more than four years management experience. She was in a full time position and was not responsible for any other centre. She was supported by an identified shift leader in each house. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her 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. The person in charge had protected management hours for her role. She reported to the clinical nurse manager 3 (CNM 3) who in turn reported to the service manager. The inspector reviewed meeting records which showed that the person in charge and CNM 3 held formal meetings on a regular basis.

## Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. 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 not responsible for any other centre. In interview with the inspector, the person in charge demonstrated a good knowledge of the three residents' care and support needs and oversight of the centre.

Judgment: Compliant

### Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents. At the time of inspection, the full complement of staff were in place. A significant number of the staff team had been working in the centre for an extended period. Staff from another centre had transitioned with the resident who had recently been admitted on an emergency and interim arrangement to live in the apartment. This provided consistency of care for the residents. The inspector reviewed the actual and planned duty rosters which demonstrated that there were an adequate number of staff with the required skills to meet residents' assessed needs. The inspector noted that the individual residents' needs and preferences were well known to the person in charge and the staff met with on the day of this inspection. The staff team comprised of social care workers, care 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. There was a staff training and development policy. A training programme was in place and coordinated centrally. A training needs analysis had been completed. 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 three staff supervision records for the preceding four month period and found that staff were receiving supportive supervision in line with the frequency proposed in the providers supervision policy. A staff member spoken with told the inspector that they felt supported in their role. The inspector reviewed the minutes of staff meetings. 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. The meetings were considered to be supportive of staff member roles and promoted consistency in the operation of the centre.

Judgment: Compliant

### Regulation 23: Governance and management



There were suitable governance and management arrangements in place. The inspector reviewed a defined management structure document, with clear lines of authority and accountability. Staff spoken with were clear on the management structures and supports in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits on a six monthly basis as required by the Regulations. The last unannounced visit had been completed in April 2025. A number of audits and checks were completed in the centre in line with an audit schedule in place. These included health and safety, finance, personal files and infection prevention and control audits and fire safety checks. There was evidence that actions were taken to address issues identified in these audits and checks. Management were actively involved in overseeing the service and were visible within the centre, ensuring they were known to residents. Feedback mechanisms were in place. This allowed residents, staff, and family members to share their views, which informed ongoing improvements in the service. There were regular staff team meetings and separately management meetings with evidence of communication of shared learning at these meetings.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place which had been reviewed in June 2025. It was found to contain all of the information set out in Schedule 1 of the Regulations and to be reflective of the service provided. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the chief inspector of social services in line with the requirements of the regulations. The inspector noted that there were overall a low number of incidents in the centre. A staff member spoken with was clear about the reporting requirements.

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. Areas for improvement were identified in relation to the maintenance of the kitchen, utility room and staff office in one of the houses and in relation to the size and layout of the apartment attached to that house.

The residents' wellbeing, protection and welfare was maintained by a good standard of evidence-based care and support. A personal support plan document reflected the assessed health, personal and social care needs of each resident and outlined the support required to maximise their personal development in accordance with their individual needs and choices. A review of all plans had been completed on the recent emergency admission of a resident to the apartment. An annual review of residents plans had completed in line with the requirements of the regulations.

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.

There were procedures in place for the prevention and control of infection. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control arrangements had been provided for staff.

### Regulation 13: General welfare and development

The inspector found that residents were supported to engage in meaningful activities in accordance with their interests, capacities and developmental needs. Activities that one or more of the residents engaged in included visits to family, shopping trips, walks in parks and animal farms, cooking and baking, coffee and meals out, swimming, arts and crafts, sensory room visits, bowling, javalon throwing, swimming, golf, tennis and music sessions. An individualised service was provided for each of the residents. One of the residents was engaged in a day service programme. On review of daily notes and speaking with a resident and staff members, it was evident that the residents were supported to maintain personal relationships with their families and wider communities in accordance with their wishes. Each of the residents had regular family visits in the centre but also made visits to their respective family homes.

Judgment: Compliant

## Regulation 17: Premises

The centre was found to be clean and had been tastefully decorated in each of the areas with input from the residents. However, it was noted that in one of the houses the kitchen presses and flooring had broken surfaces. There was also broken surfaces on the flooring and presses in the staff office in this house. The person in charge reported that a new kitchen had been purchased for the house but a date for installation had not yet been agreed.

The centre comprises of two separate houses, with a self contained apartment attached to one of the houses. One resident lived in each of the self contained areas. It had previously been identified that the size and layout of the apartment required improvement to provide more suitable space and accommodation for any resident living there. Planning permission had been granted to extend the foot print of the apartment and building works were scheduled to commence in the following 6 to 8 week period.

The inspector observed that all of the matters set out in schedule 6 of the Regulations had been put in place. The residents had personalised their own living areas and bed rooms according to their individual taste and preference. Pictures of loved ones and other memorabilia were on display in each of the areas.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. The inspector reviewed environmental and individual risk assessments and safety assessments which had recently been reviewed. This included risk assessments for the new admission to the apartment. These indicated that where risk was identified, that the provider had put appropriate measures in place to mitigate against the risks, including staff training. 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 centre since its reconfiguration. There were overall a low number of incidents and 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.

Judgment: Compliant

## Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. A personal emergency evacuation plan was in place for each resident, including the recent new admission to the apartment. The personal evacuation plans accounted for the mobility and cognitive understanding of the respective resident. Risk assessments for fire had been completed and were subject to regular review. The inspector observed that there were adequate means of escape from each of the houses and the apartment. A fire assembly point was identified in an area to the front of each of the houses. Records reviewed by the inspector showed that fire drills involving the residents had been undertaken on a regular basis and included a recent fire drill since the residents admission to the apartment. It was noted that residents evacuated in a timely manner. The inspector reviewed documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. Records reviewed by the inspector showed that all fire fighting arrangements were checked regularly as part of internal checks in the centre. The inspector tested the release mechanism on a sample of doors and found that they were successfully released and observed to close fully. There was a fire safety policy in place, dated December 2025.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that there were appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. Medicines in each of the three areas were found to be stored securely. Prescription and administration records were found to be appropriately maintained. An assessment of capacity to self administer medicines had been completed for each of the residents but had deemed that it was not suitable for any of the residents to administer their own medicines. A local pharmacist was being used. It was noted that any medicine errors were appropriately managed and reviewed with learning shared with staff as part of staff team meeting.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal support plan for each 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. A plan for

the new admission to the apartment had been put in place within 28 days of the residents admission to the centre in line with the requirements of the Regulations. Each of the residents personal plans were subject to an annual review.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that the residents' healthcare needs appeared to be met by the care provided in the centre. The residents had their own General Practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for each resident with weekly menu planning. An emergency transfer sheet was available with pertinent information for each resident should they require emergency transfer to hospital.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Each of the residents living in the centre presented with some behaviours which could be difficult for staff to manage. Suitable behaviour support plans were in place to support each of the residents and overall the inspector found that incidents were well managed and residents were appropriately supported. It was noted that the behaviour support plan for the new admission to the apartment had been reviewed and revised following their transition to the centre from their previous placement. The provider had a clinical nurse specialist in behaviour support who was accessible for support. A behaviour risk assessment had been completed for each of the residents. The inspector reviewed training records which showed that all staff had attended training in the management of behaviour that is challenging, including de-escalation and intervention techniques. Staff spoken with were knowledgeable on approaches required. A restrictive practice register was in place and subject to regular review. Individual rights assessments had been completed for all restrictions in place. There were reduction plans in place for an identified small number of restrictions.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect the residents from being harmed or

suffering from abuse. There had been one safeguarding notification to the office of the chief inspector in the preceding six month period. This had been appropriately responded to. The provider had a safeguarding policy in place. The person in charge and staff member met with on the day of inspection had a good knowledge of safeguarding procedures.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the national advocacy service if they so chose and information about same was available for residents in the resident's guide. The inspector observed that information on residents' rights, complaints process, decision making capacity and the national advocacy service were available in each of the living areas. There was evidence in daily notes reviewed by the inspector of active consultations with residents and their families regarding their care and the running of the centre. There was a compliant policy in place. There had been no complaints recorded in the preceding period. Records reviewed by the inspector showed that all staff had completed rights training.

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
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Avenue Group - Community Residential Service OSV-0008741

Inspection ID: MON-0043715

Date of inspection: 11/06/2025

## 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
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider will ensure the premises are maintained to a high standard. Th kitchen within the centre will be replaced. The flooring and the press doors in the staff room have been approved for replacement.</p> <p>One resident within the centre residing in a self-contained apartment, will be transitioning to a larger home which meets her needs and is in line with her wishes and preferences.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/09/2025
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	31/12/2025