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

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|---|---|
| Name of designated centre: | Woodlands Avenue, Stillorgan |
| Name of provider: | IRL-IASD CLG |
| Address of centre: | Co. Dublin |
| Type of inspection: | Unannounced |
| Date of inspection: | 14 August 2025 |
| Centre ID: | OSV-0008908 |
| Fieldwork ID: | MON-0045621 |

## About the designated centre

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

Woodlands Avenue provides accommodation and individualised support for three adult residents with physical, sensory, acquired brain injury, neurological disability, intellectual disability and those who are marginalised to live a life of their choosing. The centre is located in a quiet residential estate close to a range of local amenities and local transport links. The centre comprises of a four bedroom house with one bedroom allocated to each resident and the fourth room used as a sleepover room for staff. One of the bedrooms has an adjoining ensuite. There is a good sized kitchen come dining room leading to an open plan sitting room area. One of the down stairs bedrooms is wheel chair accessible and there is a wheel chair accessible shower room down stairs. The back garden is accessible for all residents. The aim of the provider is to support the residents to achieve a good quality of life, develop and maintain social roles and relationships and realise their goals to live the life of their choice. There are good public transport links and the centre also has a vehicle for use by the residents. The core team to support the residents included person support workers and a person support coordinator, led by the person In charge.

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

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| Number of residents on the date of inspection: | 3 |

## 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 14 August 2025 | 10:00hrs to 16:30hrs | Maureen Burns Rees | Lead |

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the three residents living in the centre received good quality of care in which their independence was promoted and their care needs were met. It was noted that some premises work was required with some worn paint on walls and woodwork in the hall and stairway observed.

The centre comprises a two storey four bedroom house. It was located in a quiet residential area in a suburb of Dublin and within walking distance of a range of local amenities. The centre was registered to accommodate three adult residents and there were no vacancies at the time of inspection.

The centre was first registered late December 2024 and three residents transitioned to live in the centre soon after. The three residents had been living together, in a congregated setting for an extended period prior to their admission to this centre. The provider and a number of the staff team had worked with the residents in their previous placement prior to their planned transition to live in this centre.

The purpose of this inspection was to review the provider's compliance with the regulations. It was reported that the residents' transition to the centre had gone well, although it was noted that a number of the residents had found aspects of the move to a new location difficult. Overall, the three residents had settled well in their new home and were considered to be compatible with each other and to enjoy each others company, including having their meals together. There had been no complaints recorded since the centre opened. It was reported that the residents had planned to have a house warming party the following month and to invite neighbours in the area to attend.

On the day of inspection, the inspector met briefly with one of the residents. This resident greeted the inspector at the door on the morning of the inspection and told the inspector that they were proud of their new home and were very happy living in the centre. The other two residents were on planned outings on the day of the inspection and were not met with.

The centre was found to be comfortable, homely and in a reasonably good state of repair. There was a fully equipped open plan kitchen-dining room which led into a sitting room. There was a downstairs bed room for one resident and a separate wheel chair accessible shower room. Upstairs, there were two resident bed rooms, one of which had an en-suite. There was also a staff sleep over room and a main bathroom.

Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and were a suitable size and layout for the resident's individual needs. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. Each of the residents had

their own television in their bedroom. Some pictures of the residents and important people in their lives and other memorabilia were on display. One of the residents had a significant number of religious statues on display in their bedroom which reflected their strong faith. There was a wheelchair accessible garden to the rear of the centre which included a table and chairs for outdoor dining.

The residents' rights were promoted by the care and support provided in the centre. The residents had access to the National Advocacy Service and information about same was available for residents. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. Staff were observed to treat the resident present on the day of inspection, in a kind and dignified manner.

There was evidence 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 but it was reported that they were happy with the care and support that their loved ones were receiving. The provider had completed an unannounced visit to the centre in February 2025 and as part of this visit consulted with relatives. Relatives spoken with indicated that they were happy overall with the care and support provided. The provider had plans to complete an annual review of the quality and safety of the service at the end of December 2025 when the centre would be open for one year. As part of this, it was proposed that a survey with relatives would be completed.

There was an atmosphere of friendliness in the centre. Staff were observed sitting with a resident to have a chat and then going out with the resident for lunch. The resident spoken with, told the inspector that staff were kind and good to them. It was evident that the staff had a close relationship with the residents. Staff spoke of the positive changes they could see for each of the residents since they had moved to the centre. The majority of the staff team had worked with the three residents prior to their transition to the centre.

Residents were supported to engage in meaningful activities in the centre and in the local community. Two of the three residents were engaged in a formal day service programme for a number of days each week. The third resident had an individualised service provided from the centre. Activities that one or more of the residents enjoyed included, walks to local scenic areas, cooking, visits to church, coffees and meals out. One of the residents was involved with a community support group. Another resident had recently engaged with a local choir group which it was hoped that they would continue to participate in.

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 each resident's needs.

The centre was managed by a suitably qualified and experienced person. The person in charge had taken up the post in June 2025 but had been working with the three residents for more than five years. The person in charge was in a full time position but was also responsible for one other centre located within the same geographical area. They held a degree in health and social care and a certificate in management. They had more than five years management experience.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the assistant person support manager who in turn reported to the chief executive officer. The person in charge and assistant person support manager held formal meetings on a regular basis. The person in charge was supported by two house coordinators across the two centres for which they had responsibility.

The provider had plans to complete an annual review of the quality and safety of the service in the centre in December 2025 when the centre was opened a year. An unannounced visit to review the quality and safety of care had been completed since the centre opened with more planned on a six monthly basis as required by the regulations. A number of other audits and checks were also completed on a regular basis. Examples of these included, independent medication audit in February 2025, health and safety checks, fire safety, finance and infection prevention and control. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

## 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. These documents demonstrated that the person in charge had the required experience and qualifications for their role. In interview with the inspector, the person in charge demonstrated a good knowledge of the 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 all residents. At the time of inspection, the full complement of staff were in place following the appointment of a staff member in March 2025 to fill a vacancy. The majority of the staff team had been working with the three residents for an extended period which preceded their admission to the centre. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level. Appropriate levels of staff to meet each of the residents' assessed needs were found to be in place. The inspector reviewed a sample of three staff files and found that all of the information, required by the Regulation was in place.

Judgment: Compliant

## Regulation 16: Training and staff development

Training had been provided to staff to support them in their role. There was a staff training and development policy. A training programme was in place and coordinated centrally. The inspector reviewed training records which indicated that staff had received all mandatory and supplementary training. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. A sample of four staff supervision records were reviewed and these were found to be supportive of the staff member and to have been undertaken in line with the frequency proposed in the providers policy.

Judgment: Compliant

## Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had plans to complete an annual review of the quality and safety of the service once the centre was a year open. An unannounced visit to review the quality and safety of care had been undertaken by the provider within two months of the centre opening and there were plans for six monthly unannounced visits to be undertaken in line with the requirements of the regulations.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

Contracts of care had been put in place for each of the residents which detailed the services to be provided and the fees payable.

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 regulation. There were low numbers of incidents reported in the centre. Quarterly returns relating to matters including restrictive practices had been submitted to the office of the chief inspector.

Judgment: Compliant

## Quality and safety

The residents appeared to receive care and support which was of a good quality and person-centred, which promoted their rights.

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. A 'good life folder' incorporating a personal support plan document reflected the assessed needs of the individual resident and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. Goals had been identified for each of the residents and records were maintained of actions proposed and taken, to achieve the identified goals with timelines and persons responsible identified. It was proposed that the centre would review the effectiveness of the personal plans and goals identified for each resident on an annual basis in line with the requirements of the regulations.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments were in place. These outlined appropriate measures in place to control and manage the risks identified. Health and safety, and infection control audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences.

## Regulation 17: Premises

The house was found to be comfortable, homely, accessible and overall in a good state of repair. However, there was some worn paint on walls and wood work particularly on the halls, stairs and landing. It was noted that although some areas in the centre were not significantly spacious, the layout of the centre was suitable for the assessed needs of the residents.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had recently been reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Overall, there were a low number of incidents in this centre.

Judgment: Compliant

## Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. There was documentary evidence that the fire fighting equipment and the fire detection system was serviced at regular intervals by an external company and checked regularly as part of internal checks. Self closing devices had been installed on doors and were linked to the fire alarm system. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the residents was prominently displayed. Personal emergency evacuation plans, which adequately accounted for the mobility and cognitive understanding of individual residents were on file. Fire drills involving residents, had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident's well-being and welfare was maintained by a good standard of evidence-based care and support. 'Good life' personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their quality of life in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

## Regulation 6: Health care

Each residents' healthcare needs were found to be met by the care provided in the centre. Health plans were in place for residents identified to require same. Residents had their own General Practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for residents. Emergency transfer information sheets were available, with pertinent information for each of the residents should a resident require transfer to hospital.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents living in the centre were provided with appropriate emotional support. It was noted that the behaviours of one resident could on occasions be challenging to manage in a group living environment. However, such incidents were considered to be well managed. Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in supporting residents. There were a small number of restrictions in use and these were regularly reviewed. These restrictions related to a wheelchair user, they had been prescribed by an occupational therapist and were subject to regular review.

Judgment: Compliant

## Regulation 8: Protection

There were appropriate safeguarding arrangements in place. There had been two allegations or suspicions of abuse in the preceding period since the centre was occupied. These had been appropriately responded to in line with the provider's safeguarding policy and procedure. There were no safeguarding plans in place at

the time of inspection. Staff spoken with had a good knowledge of safeguarding procedures and requirements.

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 and information about same was available for residents. None of the residents had chosen to engage with an independent advocate at the time of inspection. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre.

Judgment: Compliant

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

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

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for Woodlands Avenue, Stillorgan OSV-0008908

## Inspection ID: MON-0045621

## Date of inspection: 14/08/2025

**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:<br>- Weekly Meetings with Housing Support Facilitator to discuss any maintenance such as paint and woodwork throughout the house.<br>- Paint and woodwork to be added to the daily walk around checklist of the co Ordinator's to ensure an effective and immediate response to any follow-ups in relation to paint and woodwork particularly in the Hall, stairs and landing<br>- Person in Charge to also monitor this continuously when completing walk around of the premises. | |

## 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 | 30/09/2025 |