



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

Issued by the Chief Inspector

Name of designated centre:	Alderwood-Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	03 November 2025
Centre ID:	OSV-0008970
Fieldwork ID:	MON-0046857

About the designated centre

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

Alderwood Community Residential Service consists of a single Designated Centre. Alderwood is part of a community residential service operated by Avista CLG (formerly known as Daughters of Charity Disability Support Services CLG) that provides a high level of support and care to up to four people aged 18 and over with intellectual disabilities. Alderwood is a detached property with off street parking located in a well established residential area. The house is made up of three floors, ground floor contains two living rooms, kitchen/dining area, utility room, a bathroom and one en-suite bedroom. The first floor consists of two bedrooms, one of which is en-suite, a staff office and a shared bathroom. The second floor has an en-suite bedroom. All residents have their own bedrooms. The staff team consists of a Person in Charge who is responsible for two centres, Staff Nurses, Social Care Workers and Healthcare Assistants. Staffing is provided 24/7 all year round on a long term residential basis. Staff support residents to attend day services and opportunities to engage with their local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 3 November 2025	10:00hrs to 18:00hrs	Brendan Kelly	Lead

What residents told us and what inspectors observed

This short notice announced inspection was completed in Alderwood-Community Residential Service over one day to assess the registered providers compliance levels with The Health Act 2007 (Care and Support of Resident in Designated Centres (Children and Adults) With Disabilities Regulations 2013. This was the first inspection of the centre since it was registered.

Alderwood-Community Residential Service is registered for four residents and on the day of inspection, there were three residents living in the centre with one vacancy. The registered provider has yet to identify a resident for the current vacancy. The inspector met with the person in charge, all three residents currently living in the centre, three staff and a person participating in management.

Alderwood-Community Residential Service is a three storey house in a large housing estate in a rural part of Co. Dublin. The inspector completed a walk around of the location and observed the residents home to be in a good state of repair. The ground floor consists of a kitchen-dining area, two sitting rooms and a down stairs en-suite bedroom and a utility room. The second floor contains three bedrooms, one is en-suite, one is a staff sleepover and office space and one is a vacant bedroom and a shared bathroom. The third floor had a large en-suite bedroom.

On arrival at the location the inspector was met by the person in charge, three staff and the three current residents. The inspector met with all three residents individually to discuss what life was like in their home. The first resident who the inspector met with, talked positively about their home. The resident said that they are happy with the staff team and enjoys when they go out shopping. The resident talked about their housemates being their friends and liked living with them. The resident said they do not like the fire alarm but know that it is needed to keep them safe. The resident also showed the inspector their bedroom and talked about picking the colour for their walls. The inspector observed the bedroom to be decorated to the residents wishes and observed a family photo of a recent Halloween event.

A second resident met with the inspector in the sitting room. The resident told the inspector they loved living in their home. They spoke positively about staff who help them manage a diagnosed health condition and when they might be unwell. The resident spoke about activities they like such as nail and tanning appointments and going shopping with staff. They spoke about having booked appointments for both for an upcoming Christmas party they are looking forward to. The resident spoke about knowing who their key worker is and that they would be happy to speak to their key worker if they had any concerns. The resident spoke about a housemate being their best friend. The resident then showed the inspector their bedroom which was on the ground floor, the inspector observed the bedroom to be warm and homely. The inspector did observe a screw missing on the door handle of an escape

route to the back garden, this was pointed out to the person in charge and the door handle was repaired by a maintenance staff before lunch on the day of inspection.

The third resident met with the inspector after they had breakfast. The resident commented that living in their home was 'great'. The resident spoke about their key worker and how they go for a hot chocolate and plan the activities they like with their key worker such as swimming, bowling and arts and crafts. The resident also spoke positively about living with their housemates and spoke about the group are friends. The resident has had a recent change in accessing the family home, the resident spoke to the inspector about this change and indicated that they were happy with the changes. The resident then showed the inspector their bedroom which is a large en-suite room. The resident showed the inspector a computer they had in their room and talked about browsing online on the computer. The resident also showed the inspector a visual timetable on their wall that showed what the upcoming week looked like for the resident.

Throughout the day of inspection, the inspector observed positive interactions between all staff and management and the residents. The residents home had a warm and friendly atmosphere where residents and staff were comfortable in each others presence. Residents indicated they felt safe and were happy in their home. In the main the inspector observed many positive aspects of care and support being delivered by the registered provider, however, improvements are required in the area of fire safety

Capacity and capability

This inspection was completed to review the registered providers compliance with the regulations since the centre was first registered. The provider had a defined governance structure in place that ensured effective oversight of the designated centre. The inspector reviewed key governance documents such as provider led unannounced six monthly audits and management meeting minutes.

The provider had ensured the centre was staffed with the appropriate staffing levels and skill mix to meet the assessed needs of the residents. The provider also had a comprehensive list of staff trainings and refresher training that ensured the staff team could meet the needs of the residents. However, all staff were not being given the opportunity to utilise the skills developed at provider training in everyday practice, particularly in the areas of medication administration and care planning.

Regulation 15: Staffing

Currently the centre has one full time vacancy and one maternity leave vacancy and is staffed with a mix of staff nurses, health care assistants and social care workers.

The vacancy is at health care assistant grade and the maternity leave vacancy is staff nurse grade. The provider was actively recruiting for the health care assistant vacancy. Shift patterns in the location are a day shift, a sleepover shift and a waking night. Contingency plans when vacant shifts are needed include regular relief staff, agency staff and members of the permanent team working additional hours. There was always one nurse on duty each day to support residents with diagnosed medical conditions and the person in charge ensured that where nursing vacant shifts occurred both planned and unplanned, nursing cover was always sourced.

The inspector reviewed planned and actual rosters for the month of September and observed that rosters included staff names and grades, days on which staff will be attending training and dates for a team meeting. In total across the month of September there were 22 vacant shifts that were covered by either relief or agency staff. 15 of the shifts were covered by familiar relief staff and seven were covered by consistent agency staff. All staff both relief and agency had worked in the location before with no new inductions required.

On the day of inspection the inspector observed positive interactions at all times between staff and residents. Communications appeared natural and residents appeared to be comfortable in the presence of staff.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training matrix in place that was maintained by the person in charge as part of their governance and oversight systems. The inspector reviewed the training matrix and observed that the provider had ensured all staff were in receipt of required mandatory training. The inspector saw evidence on the matrix of when staff required refreshers in training this was scheduled and staff informed of upcoming dates.

Staff had completed training in areas such as:

- fire safety
- managing behaviours of concern
- safeguarding
- manual handling
- diabetes
- buccal midazolam

The person in charge also maintained a supervision schedule in the location and staff were met with in line with providers policy requirements. The inspector reviewed two staff supervisions and observed the topics discussed to be role and person specific.

In conversation with a staff member, concerns were raised by the staff member regarding how they did not utilise training provided by the registered provider in their day-to-day work. This conversation was brought to the attention of the person in charge and person participating in management who, were aware of the concern and stated to the inspector that this was under review at a senior management level for further improvements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the centre was adequately resourced in terms of staffing, ensured the location met the assessed needs of the residents and had adequate transport for residents.

The registered provider had not yet completed an annual review as they had not yet been in operation for a full year. The provider had completed a provider led unannounced six monthly visit which was reviewed by the inspector. The audit was found to be comprehensive and outlined actions for the person in charge to complete. The inspector observed evidence that actions had been completed as laid out in the audit, for example the audit identified that in August 2025 there was no training matrix in the centre. On the day of inspection the inspector reviewed a comprehensive training matrix.

The local management team of the person in charge and the person participating in management met on a regular basis. The inspector reviewed meeting minutes from meetings for both September and October between the person in charge and the person participating in management. The minutes were comprehensive and agenda items covered areas such as complaints, risk, safeguarding, health and safety, incidents, restrictive practice, training, audits and the Health Information and Quality Authority (HIQA). Actions were developed from each meeting that were given a time line for completion.

The inspector also reviewed the local team meeting minutes for both August and October. Again, the minutes showed comprehensive discussions in areas such as quality of life, health and safety, incidents, safeguarding, training, audits and HIQA. Both sets of team meeting minutes were signed by the staff team indicating that all staff had been made aware of and read minutes of team meetings.

The inspector spoke with three staff working on the day of the inspection, all staff indicated that they felt management supported the staff team day to day. Staff indicated that they felt they could speak to members of the management team regarding issues that may arise.

Judgment: Compliant

Quality and safety

In the main the provider had systems in place that ensured all residents felt safe and happy in their homes. Improvements are needed to ensure fire safety systems in the centre are not compromised at night. The premises was laid out to meet the assessed needs of the residents. The inspector observed evidence that residents are involved in key decisions regarding their home and are supported to be active members of their community.

Notwithstanding fire safety, all other areas of risk within the centre had been appropriately identified with proportionate control measures in place. Safeguarding measures in place were also sufficient in ensuring residents were safe in their home and residents were aware of safeguarding systems.

Regulation 17: Premises

The inspector completed a walk around of the property and observed that the premises was clean, warm, homely, well decorated and was laid out to meet the needs of the residents. Each bedroom was decorated to the residents preference's.

The provider had a system in place to rectify maintenance issues. This was evidenced on the day of inspection when an issue with a door handle was identified on the walk around of the premises, which was repaired by the providers maintenance team before lunch.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk register in place that identified resident specific and location specific areas of risk. As part of their governance and oversight systems the person in charge maintained and reviewed the risk register.

On the day of inspection the inspector reviewed the register and found that it was comprehensive and detailed all areas of risk in the location. Resident specific risk assessments were in place in area such as resident compatibility, fire evacuation, infection prevention, bereavement and diagnosed health conditions. Centre specific risk assessments were in place for areas such as slips, trips and falls, manual handling, resident absconding, accidental injury and work related stress. The

inspector observed that risk assessments were subject to regular review from the person in charge.

The inspector spoke with staff on the day of inspection and found that the staff team were knowledgeable in terms of identified risks for the residents and spoke with confidence about associated control measures. The centre was overall a low risk environment based on resident compatibility, independence of residents and staffing levels. The inspector found that risk assessments were proportionately scored to reflect the overall level of risk.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that the premises was equipped with all required fire detection and fire fighting equipment. The premises had a central fire alarm system that all fire doors were linked to. The location had fire doors throughout that were in a good state of repair. The inspector reviewed the centre fire folder and observed that fire drills were taking place in the centre as required by the provider's policy.

The resident personal emergency evacuation plans reviewed by the inspector were comprehensive and outlined the specific individual requirements needed for each resident to evacuate in a safe and timely manner. The inspector also reviewed servicing dates of fire fighting equipment such as fire extinguishers and fire blankets and all had been serviced in 2025.

However, with this being said, the inspector observed practices on the day of inspection that potentially compromised the safety of residents in the event of a fire. In conversation with staff, centre management and a review of resident care plans, it was noted that two residents fire doors are wedged open at night. This practice has been documented for a number of months in resident care plans. Door closers were not in place on the bedroom doors that would allow for doors to be open at night in line with the residents' wishes and also ensure resident safety in the event of a fire. Centre management confirmed they are aware of the practice and were actively sourcing door closers to be fitted.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had systems in place for the appropriate storage of resident medications. All residents in the location required staff supports in administering

regular and taken as needed (PRN) medications. Resident medications were administered by staff nurses. The inspector reviewed all three resident prescription records (kardex) and administration records, and observed that staff signatures were in place for each medication administered. The inspector also used the review of residents' kardex to verify a staff members concerns as discussed earlier in the report.

The inspector reviewed the storage arrangements for resident medications. All residents had a separate storage system for regular medications and for PRN medications. The inspector found that each resident had ample supplies of both regular and PRN medications to meet the administration requirements.

On a review of incident reports the inspector was also able to observe a reduction in medication administration errors. Where medication administration errors had occurred, they were subject to review from the person in charge. The person in charge also met with staff members to discuss supports to reduce medication errors. The inspector also observed evidence in management meeting minutes that medication systems and errors had been discussed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that all residents in the premises had an individualised care and support plan in place. The care and support plans were subject to regular review from staff and the person in charge. The inspector reviewed two resident care plans on inspection.

Care plans were found to contain up-to-date relevant information about the residents, including past history that added relevant context for care plans. For example, each care plan explained to staff what each residents' likes and dislikes were. Care plans outlined how each resident like to exercise choice and how staff can support residents in maintaining choice. Care plans also contained a comprehensive health care section that outlined specific health care needs for each resident.

Information from health and social care professionals was also observed in resident care plans. For example, a resident's diagnosed health condition required specific dietary needs. The inspector observed a dietitian report that gave clear guidance to staff in terms of appropriate food items with specific reference to the resident's assessed needs. The inspector observed action plans for both short and long term conditions. For example an action plan was in place regarding a short term course of eye drops. There were also long term action plans in place for diagnosed conditions such as thyroid issues that were reviewed and updated monthly.

Care plans also contained guidance for staff in supporting residents who had experienced challenges in their personal lives. The inspector observed that the

guidance was person centred to each resident and in conversation with the residents they also commented on the positive support from staff in this regard.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that all staff working in the location had been in receipt of safeguarding training. Staff spoken with on the day of inspection were aware of safeguarding systems including immediate actions to take, reporting structures and designated officer details.

The inspector reviewed an open safeguarding plan in relation to one resident. The safeguarding plan was person centred and ensured the needs of the resident were at the centre of the plan. The inspector also spoke to the resident regarding the measures in place as it impacted on their personal life. The resident had been consulted with regarding the steps in the plan and they indicated to the inspector they were happy the plan stating that it was "just right". All staff who met with the inspector were also aware of the plan and the required steps.

The inspector also reviewed residents intimate care plans. Plans were observed to be resident specific, gave detailed information to staff in terms of resident preferences and intimate care plans had been recently reviewed.

All three residents spoke to the inspector about living with their housemates positively and all described the relationships with other as friends.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Alderwood-Community Residential Service OSV-0008970

Inspection ID: MON-0046857

Date of inspection: 03/11/2025

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Nominee Provider will ensure door closures are installed to bedroom doors in line with resident’s wishes and ensure safety in the event of a fire by 31-12-25	

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 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/12/2025