Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	O'Dwyer Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	22 April 2026
Centre ID:	OSV-0003452
Fieldwork ID:	MON-0041550

About the designated centre

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

O'Dwyer Cheshire Home provides a residential and respite service for up to seven residents who have physical and sensory disabilities. Residents who utilise this service may also have complex healthcare needs and reduced mobility. Five residents have a full-time placement in this centre and there are two identified respite beds. Five of the residents have their own individual apartments, which consist of a kitchen/living area and a separate ensuite bedroom. The centre also has a separate open plan kitchen /dining facility with a sitting area. The centre is wheelchair accessible and additional equipment such as hoists and pressure reducing devices are in place to support residents with reduced mobility.

The centre is located in the countryside and within a short drive of two local towns where community services are available, transport is provided for residents to access these services. Care support workers attend to residents during the day and there is a night duty and sleep-in arrangement to support residents during night time hours. Nursing care is also provided seven days a week and an emergency manager on-call arrangement is available for issues which may occur outside of normal working hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 April 2026	16:00hrs to 18:20hrs	Angela McCormack	Lead
Thursday 23 April 2026	09:35hrs to 14:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in O'Dwyer Cheshire home received person-centred care and support where residents' rights and decisions about their lives were upheld and listened to.

This inspection was an announced inspection completed to monitor compliance with the regulations and to inform the renewal of the registration of the centre. As part of the announcement, questionnaires were provided for residents to complete to gain their feedback on the service. Five residents completed the questionnaires and these were reviewed by the inspector. Feedback included satisfaction with all aspects of the service provided.

The service comprised five individual self-contained apartments, two respite bedrooms with en-suites and some communal rooms. The inspector met with all five permanent residents in their individual apartments. There were no respite residents receiving care at the time of inspection. All residents who lived full-time in the centre were happy to meet, and talk, with the inspector individually to share their views on what life was like living in the O'Dwyer Cheshire home.

Residents expressed satisfaction with their homes, with the staff supports and with their access to interests and hobbies. For example, residents spoke about their enjoyment of gardening, doing art-work, watching favourite movies, reading and going out and about socialising to concerts and local pubs for example. One resident spoke about an upcoming trip abroad that they were going on with a local community group. Some residents attended an external day location on a part-time basis where they spent time with peers and went for lunch each week. Some residents were undertaking courses, for example in horticulture. Other residents preferred to stay at home during the week. Residents also enjoyed going to concerts and going on day trips. Some residents were planning overnight stays for the Summer, while one resident said that they preferred to come back home to their own bed rather than stay in an hotel. It was clear that residents' individual interests, hobbies and wishes about what they did each day was respected.

Residents met with appeared proud to show the inspector around their apartments. Each resident had a comfortable, well maintained home that met their individual needs. Homes were decorated in line with residents' choices and reflected each residents' unique personalities and preferences. These included framed photographs of family members, art work and various personal effects. Residents had space to store their belongings safely within their apartments.

It was clear that residents had the autonomy to live their lives as they chose. The model of care provided at O'Dwyer Cheshire home supported residents to have privacy and independence in their own apartments, while also having ready access to staff support as required. Residents had call systems in place to alert staff

members if they needed support with anything. One resident spoke about this and explained how it worked. This was also observed in practice during the inspection.

Consultation about the centre took place through daily conversations with residents, monthly meetings between the senior care worker and individual residents, and also through monthly residents' meetings. Residents had access to easy-to-read information about a range of topics. The inspector observed that information was readily accessible to residents on topics such as advocacy services, rights and complaints. Residents also had a whiteboard visual reminder of plans and appointments for the week ahead in their individual apartments.

Residents spoke with the inspector of how they were supported by staff with online shopping, cooking and day-to-day activities. Residents' individual interests and hobbies were supported with residents having access to music players, movie applications, SMART televisions, newspapers, books, areas for garden projects and art and crafts. One resident commented that the staff 'were great' and 'don't get enough thanks' for all that they do. Residents said that they felt safe and comfortable living in the centre. One resident spoke with the inspector about an aspect of their care that they weren't too happy about and also said that sometimes another resident may not always be nice to them in the communal area. The person in charge promptly undertook to follow up with the resident about this and to reassure and support them with their feelings. It was clear to the inspector that residents were well supported and every effort made to ensure that they were comfortable and safe in their homes.

Overall, it was clear from speaking with residents and observations on the day, that residents' voices were listened to. Furthermore, it was clear that independence and positive risk taking was encouraged so that residents could participate in meaningful activities that supported their wellbeing and personal development.

The next two sections of this report outline the inspection findings in relation to the governance and management in the centre, and describes about how the governance and management affects the quality and safety of the service provided.

Capacity and capability

The care and support provided to residents in this centre was well monitored and overseen by an effective management team that had defined roles and responsibilities. This inspection found the centre to be compliant with all the regulations assessed at this time.

There were clear governance and management structures in place with auditing systems for reviewing and monitoring the care and support provided. The centre was managed by a person in charge who was supported in the operational

management of the centre by a clinical nurse manager 1 (CNM1) and service co-ordinator who were based at the centre.

Regular audits were completed by both the local management team, and provider representatives. These audits were found to be comprehensive and effective in identifying actions for improvement.

In summary, this inspection found that the management team had the capacity and capability to manage the service and ensure safe care and support.

Registration Regulation 5: Application for registration or renewal of registration

The provider ensured that a complete application to renew the registration of the designated centre was submitted within the time-frames required.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that the designated centre had up-to-date insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that the designated centre was well managed and effectively monitored to ensure that it met residents' needs and was to a high quality.

The local management team comprised a person in charge who had responsibility for one other designated centre. They were supported in the management of O'Dwyer Cheshire home, by a CNM1 and service co-ordinator who were based at the centre full-time. The skill mix of staff included nurses and care staff. In addition, there was a senior care worker who met with residents monthly to review with them desired outcomes and goals that they wished to achieve. The inspector could see that there were clear roles and responsibilities defined for the management team which contributed to an effective management and oversight arrangement.

The service was monitored through various audits completed at local level and by the provider, including unannounced six monthly provider audits (one of which was completed in January 2026 and reviewed by the inspector) and an annual review of the quality and safety of care and support. A sample of audits completed in 2026 in

areas of complaints review, falls, infection prevention and control and incidents, were reviewed by the inspector and showed good oversight arrangements.

Staff were supported to raise concerns through regular staff meetings. The inspector reviewed two records of meetings that occurred in March 2026 and November 2025, that should good discussion on various topics and also showed that staff members were asked for suggestions on the service, and could raise issues. Staff spoken with said that they felt well supported by the management team.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose in place that included all of the information that is required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications were submitted to the Chief Inspector of Social Services as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The service supported residents to understand about how ro raise complaints about their care and support. There was a policy and procedure in place that outlined the process for making complaints including the appeals process. Notices on display within the centre also outlined residents' rights to make complaints.

The service received eight complaints between October 2025 and March 2026, many of which were raised by one respite resident. The inspector reviewed the documentation associated with these complaints where it could be seen that a meeting was held between the person in charge and with the resident and their representative in March 2026 to address some of the more recent issues raised by them. This was resolved and closed out as a result.

The process for making complaints was discussed with residents at monthly residents' meetings. Residents appeared to be aware of their right to make

complaints. For example, one resident spoken with by the inspector said that they knew to go to the person in charge if they had a complaint to make.

Judgment: Compliant

Quality and safety

This inspection found that O'Dwyer Cheshire home provided safe, person-centred care and support to residents. Residents were supported to live self-directed lives where their wellbeing, health and development were promoted. All residents spoken with said that they were happy in their homes and felt safe.

Residents' needs were assessed and kept under ongoing review. Where changes in need occurred the service was responsive and residents were supported proactively with this. This ensured that the service was safe and to a good quality.

Residents had access to various multidisciplinary team (MDT) supports and allied healthcare professionals, as required. This supported residents to achieve the best possible health and wellbeing. Staff members spoken with appeared knowledgeable about residents' needs and this was also observed in practice by the inspector throughout the inspection.

In summary, the care and supports provided to residents were found to be person-centred, safe and regularly monitored.

Regulation 10: Communication

The provider ensured that residents were assisted appropriately with their communication needs, wishes and preferences. Residents' communication needs were assessed and residents were supported with aids, such as access to technology, to support with their communication, as required.

The inspector reviewed two residents' personal plans that included supports required with communication. Communication needs were assessed and reviewed regularly, and where support was required this was in place. Residents had their own personal mobile phones, music players, technological devices and SMART televisions on which they could watch preferred movies. One resident spoke about the preferred type of movies that they watched on a movie application, and another resident spoke about how they liked to get the newspaper every week. In addition, residents had access to assistive devices and technology to promote their

independence and autonomy. It was clear to the inspector that residents' communication preferences and access to media were supported.

Judgment: Compliant

Regulation 11: Visits

The centre facilitated residents to receive visitors as they wished and was designed so that residents had privacy to spend time with their family and friends when they called.

Residents had individual apartments in which to received their visitors. There was also a large communal kitchen/dining area and garden spaces for residents to spend time with their visitors, if they wished. A questionnaire reviewed by the inspector included feedback from one resident that said 'my friends and family call regularly, if I want staff will help me to make tea/coffee for my visitor and then will leave us in private'.

One resident spoke to the inspector about how a family member visited regularly, and whenever they wished to, and was always welcomed by the staff team. This was noted to be important to the resident and they expressed gratitude to the service for supporting this.

Judgment: Compliant

Regulation 13: General welfare and development

This inspection found that residents' general welfare and development were promoted while they received care in the centre. Residents had access to external day services, local community groups, and further training in line with their preferences and stages of life.

Residents spoke to the inspector about the range of interests that they had and the hobbies and past-times that they enjoyed. Some residents attended an external day location a few days per week, as they wished. Other residents were involved in community groups and enjoyed doing their own thing each day. One resident spoke about an upcoming trip that they had planned to go on with a group from their local community. Another resident spoke about a training course that they were doing and their plans to further develop their interest in gardening. Other residents spoke about their enjoyment of reading, doing art work, singing and going to concerts. Residents' apartments were observed to be equipped with items of their individual interests, such as a large selection of books, an individually designed room with art supplies and equipment, and music players and televisions.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the numbers and needs of residents. This included five individual apartments occupied by full-time residents and two large en-suite bedrooms for those availing of respite breaks.

Residents were observed to be comfortable in their individual apartments, with aids and appliances to promote independence and autonomy available to them. The apartments were designed individually and based on residents' individual assessed needs so as to ensure a safe and accessible living space. Residents had space to store their belongings safely and had access to laundry facilities and kitchen equipment in their apartments.

Residents were found to be involved in the design and decor of their homes. For example, one resident spoke about a new bed that they got recently which they were happy about and another resident showed the inspector around their home that included a room specifically designed and equipped for them to do their artwork and painting. In one questionnaire completed by residents and reviewed by the inspector, the following was said by a resident 'I pick how my apartment is decorated to my own taste. It's nice and cosy'.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their own food, with or without staff support, as required.

Residents who spoke with the inspector talked about how they did their grocery shopping. One resident preferred to order online and get a delivery and another resident spoke about going to their preferred shops. One resident agreed for the inspector to walk around their kitchen where the inspector observed a range of nutritious and wholesome foods in stock in their fridge and cupboards, in addition, to snacks and beverages. Residents said through the feedback given in the questionnaires that they were satisfied with their food and choices given. For example; one resident said 'the food is good, I choose what i want to eat' and another said 'staff are good at helping me with food I want'.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place that included all the information for residents that is required under this regulation.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good arrangements in place for risk management in the centre. These included procedures for risk management, ongoing monitoring of incidents and support needs, and the development of centre emergency plans.

In addition, the inspector reviewed two residents' care plans that included individual risk management plans. These plans outlined hazards and specific risks that could cause harm to residents and described the control measures required to reduce the risks of harm. These were kept under ongoing review to ensure the control measures were relevant and proportionate to the risk assessed.

Judgment: Compliant

Regulation 28: Fire precautions

The centre was equipped with fire safety management measures including; emergency lighting, fire fighting equipment, a fire alarm and fire doors. In addition, regular checks were completed on the fire safety arrangements.

The person in charge talked through the arrangements for residents to evacuate their apartments in the event of a fire and explained the evacuation plan that included the various zones in the designated centre. The centre's evacuation plan included double doors off each resident's bedrooms to support them to be evacuated safely at night-time. Each resident had a personal emergency evacuation plan (PEEP), two of which were reviewed by the inspector that showed clear guidance on the level of supports required. The inspector reviewed the last five fire drills completed in 2026, which included a simulation and the scenario of minimum staffing levels at night time. These drills demonstrated that residents could be evacuated in a timely manner to a safe location.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

This inspection found that residents' needs were assessed, regularly reviewed and residents had individual personal support plans in place. Residents were involved in the reviews of their care and support through annual review meetings, records of two which were reviewed by the inspector.

The inspector reviewed a sample of three residents' assessments of needs, care plans and risk assessments. From this review the inspector found that a comprehensive assessment of the health, personal and social care needs of residents was completed. Care and support plans were in place to guide staff in the supports required. These included; care plans for emotional wellbeing, moving and handling, skin integrity, falls reduction, healthcare plans, and feeding eating, drinking and swallowing (FEDS). These support plans were kept under review and updated if there was a change in need or circumstance.

The inspector noted in documentation, and was informed by the person in charge, that residents were being supported to access their personal plans through the provider's information technology system, as this was their preferences rather than the use of 'easy-to-read' documents. This demonstrated a commitment by the provider to ensure that residents' personal plans were accessible to them and changes made as residents' needs and preferences changed.

Judgment: Compliant

Regulation 6: Health care

Residents' health and wellbeing were promoted and monitored regularly which helped to ensure that they achieved the best possible health and received the most appropriate supports. There were clear support plans in place to guide staff members on the supports that residents required with their health and wellbeing.

From the inspector's review of two residents' care plans, it was clear that healthcare needs and changes in presentation were monitored regularly so that residents' were in the best possible physical and emotional health. It could be seen that residents were supported to attend appointments and consultations with various healthcare professionals as required. For example, one resident was supported to attend a follow-up appointment related to a recent injury on one of the days of inspection.

Residents were supported to attend and avail of national screening programmes, and vaccinations, as relevant. In addition, residents had access to a physiotherapist and individual physiotherapy programmes to support them with their physical health. One resident spoke about this with the inspector and said that they were looking forward to a physiotherapy session in the afternoon of the last day of

inspection. Residents were supported to make their wishes known for end of life planning, as relevant.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were policies and procedures in place for behaviour support and for restrictive practices. Residents' support needs were found to be well monitored and supported. Support plans were developed as required with input from members of the multidisciplinary team (MDT), as relevant.

The inspector reviewed one resident's care plan to support with emotional wellbeing and situations that the resident may find difficult. The care plans were found to be comprehensive and focused on an holistic approach in supporting residents, such as understanding the emotion and experience behind the expression of upset. In addition, residents had access to counselling services and supports, in line with their wishes.

The inspector reviewed the documentation for restrictive practices used in the centre, where it could be seen that they were clearly assessed to ensure that they were the least restrictive option for the shortest duration. In addition, there was evidence that residents were involved in the decisions to implement restrictive practices and that they were supported to understand the reason for this so that they could give informed consent. One resident pointed out, and spoke about, a device used to support with, and reduce, their risk of falls. While they were not completely happy with all the checks being done, they understood it was for their safety. It was noted in their care plans that staff were to ask for consent each time that they undertook the checks outlined. This demonstrated a fair, respectful and human rights' based approach in trying to balance residents' safety with their decisions to take a risk that could potentially harm them.

Judgment: Compliant

Regulation 8: Protection

The centre promoted residents' protection through adherence to the policies and procedures for safeguarding and the provision of intimate care. Staff completed training in safeguarding vulnerable adults and were knowledgeable about what to do in the event of a safeguarding concern.

The inspector reviewed the documentation relating to the four protection concerns that occurred since the last inspection by HIQA in September 2025, where it could

be seen that all incidents were screened in line with the provider's procedures and submitted to the external safeguarding and protection team for review and oversight. Safeguarding plans were developed where required and found to be kept under review.

The inspector was informed that residents were supported to learn about how to self-protect through individual discussions and at the monthly residents' meetings. The inspector reviewed the meeting that was held in March 2026, where it could be seen that a discussion on types of abuse was had. In addition, residents spoken with said that they felt safe in their homes. One resident said that at times another resident was not nice to them. This was known by the staff team and was documented in the resident's care plan with actions outlined to protect and support them if an incident arose. The person in charge undertook to follow up with the resident on the day of inspection to reassure them and provide supports.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a person-centred, rights-based culture. Residents were consulted about the running of their homes through regular meetings where their everyday life choices and input about the centre was sought.

Through the five questionnaires completed by residents, the inspector noted that all residents were satisfied with how they were supported with making decisions and consulted about the centre and the supports they required. Residents were consulted about the centre through monthly residents' meetings and individual meetings with key staff members. The inspector reviewed three minutes of meetings held between January and March 2026, that showed the consultation sought, and the input given, by residents into plans for the centre. For example, the inspector noted that an event to mark 50 years of the centre being in existence was planned for the Summer, and suggestions from residents were sought.

Residents were provided with information on rights and advocacy services in an accessible format. The staff team were found to be strong advocates for residents and supported them with getting their voices heard. For example, one resident wished to use their bank account for online shopping, however there were barriers externally to getting this achieved. One staff member spoke about the supports that they were providing to the resident to voice their right to online banking.

In addition, the inspector could see that residents' religious preferences were respected. Some residents chose to have religious items in their apartments and to go to religious ceremonies. Overall, it was clear from communications and observations by the inspector, that residents' choices about how they lived their lives were respected and promoted.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	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