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: | Centre 3 - Cheeverstown House Residential Services |
| Name of provider: | Cheeverstown House CLG |
| Address of centre: | Dublin 6w |
| Type of inspection: | Announced |
| Date of inspection: | 25 May 2026 |
| Centre ID: | OSV-0004926 |
| Fieldwork ID: | MON-0041623 |

## About the designated centre

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

This designated centre is currently registered to provide 24-hour care, seven days per week, for up to 14 male and female adult residents. The centre is located on a residential campus in South Dublin. The centre consists of four residential houses primarily caring for people with an intellectual disability. The range of intellectual disability in this group covers all ranges from mild, moderate to severe/profound in nature. Some individuals have physical and sensory disabilities also. There is a full-time person in charge and the front-line staff are primarily made up of clinical nurse managers, staff nurses, care assistants and housekeepers. The service has access to a number of accessible vehicles to facilitate transport to appointments, social outings and activities in the community.

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

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| Number of residents on the date of inspection: | 9 |

## 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 |
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| Monday 25 May 2026 | 09:30hrs to 17:30hrs | Karen Leen | Lead |

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the centre's regulatory monitoring and to help inform a decision on the provider's application to renew the registration of the centre. This inspection had positive findings, with full compliance found under the regulations inspected.

The centre comprises four premises situated on a campus setting in South Dublin. The centre provides residential service for up to 14 adults with an intellectual disability, at the time of the inspection there was five vacancies.

The person in charge and support team had recently supported three residents to transition from the designated centre to new homes within a nearby county. Staff spoken to on the day of the inspection discussed that the transitions had a positive impact on residents in the centre. Staff also discussed that a number of systems put in place by the provider and person in charge had resulted in positive outcomes in the centre. Staff discussed that new systems for reviewing information and creating support plans for residents had meant that information was easier to access and update. Staff discussed that this had created more time to spend on devising and completing activities with residents and less time on completing paper work.

During the course of the inspection, the inspectors had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting eight of the nine residents living in the centre, nine staff members, the person in charge, the person in a position of management, the director of operations, director of nursing and the Chief Executive Officer (CEO). The inspector did not have the opportunity to meet with one resident who was away on an overnight visit with family.

Documentation was also reviewed throughout the inspection detailing how care and support is provided for residents, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre. In addition, the inspector reviewed nine questionnaires which had been sent out to the centre prior to the inspection taking place. The questionnaires sought feedback from those using the service on aspects of the service such as; staffing, the premises, and their ability to make choices and decisions, and their participation in preparing meals. All nine residents were supported in completing the questionnaires by either a staff member or family member. Feedback received from residents was overall positive. One resident noted that "my home is wonderful and the food is delicious". Another resident discussed that they "like going on visits to the pub and the hotel. I like my bedroom and to have a relaxing bath every evening". One resident discussed that they enjoy going grocery shopping and selecting food for their meals.

Throughout the course of the inspection, the inspector observed residents coming to and from their homes. The weather on the day of the inspection was noted to be

very hot with little sun coverage, the inspector observed staff applying sun cream to residents prior to outings and on return to the centre. In addition, the inspector observed support staff encouraging residents to take extra drinks and enjoy ice-pops and ice creams. The inspector had the opportunity to observe and interact with five resident who required communication supports from staff. The inspector observed staff members interacting with residents and observing non verbal communication such as body language and intensive interactions. The inspector reviewed residents communication support plans and which identified resident communication pathways. In addition, all staff had training in intensive interactions carried out the by the providers speech and language department.

The inspector had the opportunity to visit all four premises in the designated centre and found that each premises was decorated in line with resident's personal tastes and hobbies. Following recent transitions from the designated centre, the person in charge and support staff had ensured that vacant rooms were made accessible to residents as alternative areas to meet family and friends.

One resident told the inspector that they have great support from staff in the centre. The resident discussed that they are supported by their own staff member during the week to enjoy activities of their choosing. The resident discussed that they enjoy going for afternoon tea, lunches out, shopping trips and getting beauty treatments. They discussed that they like to have at least two rest days a week as the days can be very busy as is their choice. The resident also discussed that family play an important role in their life and visit regularly or talk on the phone.

The inspector met with one resident who was relaxing in their living room watching television. The resident was being support by staff to enjoy a hot drink. The staff member discussed that although the weather was warm the resident preferred warm drinks but that they would ensure that they had a cold snack during the day. The inspector observed the staff member following the residents feeding, eating, drinking and swallowing (FEDS) plan. In addition, the inspector observed the staff member sitting with the resident while they enjoyed their meal and discussed their afternoon plan. Later in the inspection the inspector met with the resident as they were leaving the centre to enjoy a walk in the local park and go for a cold snack.

The inspector had the opportunity to meet with one resident on their return to their home from an outing with staff. The resident told the inspector that they enjoy living in their home and that the staff are great. The resident told the inspector that they will decide their plan and the staff will help them. The inspector observed the resident seeking reassurance from staff throughout the conversation that their plan would be followed. The support staff responded to each request from the resident with a clear response, while directing the resident to their afternoon plans that they had made. Once the resident was satisfied that the staff understood and knew their plan, the inspector observed the resident sitting at the dinner table preparing a meal with staff.

The inspector found that residents participated in a number of activities both within the designated centre and the wider community. Residents regularly enjoyed visiting

coffee shops, pubs, local parks, farms and shopping centres. The inspector found that each resident had a plan for a future holiday were requested.

In addition, staff had completed training on social valorisation for residents. The inspector reviewed seven residents "my life plans" and found that goals had been set in line with residents' current wishes and interests. The inspector found that the plans had been completed with residents in an accessible manner including pictures of residents participating in their goals. The inspector reviewed a number of compliments from family members highlighting the enhanced focus on community engagement for their loved ones.

The provider, person in charge and staff team had completed a number of environmental changes within the centre to ensure that each resident could be supported in their environment and had supported all residents to understand the necessary changes through education and clear communication. The inspector found that the person in charge and support team had identified changing needs in line with aging health and had appropriate assessments and supports in place for residents as required.

In summary, residents were busy and had things to look forward to. They were aware of who to go to if they had any concerns or complaints. They lived in warm, clean and comfortable homes. The inspector found that the person in charge and support team were providing a supportive environment for residents which encouraged community engagement and was ensuring that the designated centre was adapted to meet the changing needs for residents as they presented.

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

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that there were effective leadership systems in place which were ensuring that residents were in receipt of good quality and safe care.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six monthly reports, plus a suite of audits had been carried out in the centre. The inspector found that the provider was also completing monthly compliance meetings which reviewed levels of compliance in the centre with associated action plans were required.

## Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was reviewed by the Office of the Chief Inspector and contained all of the information as required by the regulations.

Judgment: Compliant

## Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications. During the inspection the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required.

Through interactions, the inspector found them to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge demonstrated a clear knowledge of residents' assessed needs and had responded to changing needs identified for individual residents.

Judgment: Compliant

## Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated lines of authority and responsibility. The person in charge was full-time, and demonstrated effective oversight and management of the centre. They were supported in their role by a clinical nurse manager grade three. In addition, the centre had a deputy manager in the role of clinical nurse manager grade one. There were good arrangements such as regular meetings and sharing of governance reports for the management team to communicate and escalate concerns as they present.

The provider had systems in place for reviewing the quality and safety of the service, including six monthly provider-led audits and a suite of local audits by the person in charge. The inspector found that monthly audits were leading to identification of actions, for example, medication audits were completed by the person in charge and support staff which were accurately identifying omissions or identifying training requirements where necessary.

The inspector found that the person in charge and support staff were actively seeking residents and their representative's feedback in relation to the standard of care in the centre.

The provider was completing monthly compliance plan workshops for the designated centre, which incorporated findings from the provider's six-monthly unannounced audit and external inspections. The inspector found that the provider and person in charge had a Quality Improvement Plan (QIP) in place for the centre which was subject to regular review by the person in charge and person participating in management.

The provider had completed an annual review for 2025 for the designated centre. The inspector found that the annual review incorporated the views and opinions of residents and their representatives. The person in charge had taken action where families had requested changes to their loved one personal plans or would like to see an increase in a particular activity. For example, one family had requested a return to swimming for their loved one, the inspector found this had been discussed with the resident and a plan for swimming had commenced with the resident.

The inspector found that the annual review identified a number of compliments from family and external stakeholders. For example, a family member discussed that the increased living space and rearrangement of storage rooms to visitors rooms had been a welcomed addition to the centre.

Judgment: Compliant

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

The provider had prepared a written policy on the admissions, transitions and discharge of residents. The inspector was provided with evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable to meet the assessed needs of residents being admitted to the centre or when supporting a resident during a transition from the centre.

The provider had completed a number of transitions for residents from the designated centre and had planned transitions in place for one further resident. On review of the transition plan, the inspector found that the person in charge and support plan were ensuring the resident was actively involved in plans. While the inspector found that not all aspects of the move could be detailed to the resident while in the planning stage of sourcing the appropriate and suitable accessible home. The inspector found that support team were ensuring that the resident had access to activities in the town that would be close to the proposed new home.

There were contracts of care in place for all residents. The inspector reviewed four contracts of care and found that they were signed by the residents and/or their representatives.

The contracts of care were written in plain language, and the residents' terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.

Judgment: Compliant

## Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' wellbeing and safety.

A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

## Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to the Chief Inspector under the regulations were reviewed during this inspection. Such notifications are important in order to provide information about the running of a designated centre and matters which could impact residents. All notifications had been submitted as required by the person in charge.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The inspector viewed the policy and found that it outlined the processes for managing complaints, the relevant persons' roles and responsibilities, and information for residents on accessing advocacy services.

The complaints procedure had been prepared in an easy-to-read format and was readily available in the centre. Furthermore, the inspector reviewed residents meetings held from January to May 2026 and found that the complaints process was discussed with residents. Staff discussed that for some residents making a complaint can be difficult due to barriers in communication. One staff member discussed reviewing incident reports and daily notes to monitor for residents dissatisfaction and monitoring change in mood when participating in activities in order to ensure that residents are supported to make a complaint in the centre.

On the day of the inspection there were no open complaints. The inspector reviewed two previous complaints made in February and March 2026 and found that the person in charge and provider had responded in line with the providers policies in order to address the concerns raised by two residents' representatives.

The inspector reviewed the complaints log held by the person in charge. The inspector found that the log was subject to regular review.

The inspector reviewed a number of compliments from family members in relation to the care provided for their loved ones, including thanks for the staff team for strong and open lines of communication.

The inspector also reviewed a number of compliments from external stakeholders. The inspector reviewed a compliment by an external dentist which complimented the staff team on the dental support plans and dental health of residents following a recent consultation.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspector found that the governance and management systems had ensured care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

Positive behaviour support plans were developed for residents, where required. The plans were up-to-date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The inspector found that risk was well managed. All identified risks were subject to a risk assessment, with control measures in place to support residents and minimise risks to their safety or well being. Risk control measures were found to be proportionate, and supported residents to safely take positive risks.

Overall, the inspector found that systems and arrangements were in place to ensure that residents received care and support that was person-centred and of good quality. The inspector found that the provider had put an emphasis on risk management review and supports for residents in the centre.

## Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant health and social care professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. The registered provider had ensured that residents had access to media sources and technology.

Communication aids including visual supports such as picture exchange communication systems (PECS), social stories and visual timetables had been implemented in line with residents' needs and were readily available in the centre.

On review of training needs analysis for staff in the centre, the inspector found that all staff had received training in intensive interaction communication. The training is designed to support individuals with severe barriers to communication. The inspector reviewed one residents support plan where the training had been used to

support the residents during a period of health decline. The inspector reviewed positive outcomes for both the resident and support staff. The person in charge noted that the training had upheld the principal of giving time and response to residents style of communication.

The inspector spoke with staff during the course of the day and observed that staff were familiar with residents communication needs and were guided by both verbal and non-verbal cues including: body language and gestures. The inspector found that there was a consistent staff team in place which promoted each residents communication style.

Judgment: Compliant

## Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

The provider had identified a number of works that required completion in each house within the designated centre. The inspector noted that the provider had identified the required works with funds from capital funds and completion dates were set by the provider for the 30th of June 2026. On the day of the inspection the following works had yet to commence:

- Repairs to the flooring in two premises in the designated centre
- Repairs to bathroom tiles in one premises in the designated centre

During the course of a walk through of the designated centre, the inspector found that a number of spaces had been repurposed to provide residents with additional space when meeting visitors or to avail of a more quiet space in their home.

Judgment: Compliant

## Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the

running of the centre and the complaints procedure. It was evident that there were regular residents' meetings occurring weekly within the centre.

The person in charge and support team had implemented accessible information in line with residents changing needs in order to ensure that they remained independent within their community and home. For example, residents had access to accessible information in relation to a change in the providers' general practitioners. Easy-to-read documents had been created and discussed with each resident to demonstrate the changes in the centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

The provider had ensured consistent implementation of the risk management systems which it had in place in the centre. For example, there was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place with appropriate control measures in place to ensure that residents had the opportunity to participate in activities of their choosing.

The inspector found that the person in charge was completing weekly reviews of accidents and incidents in the centre and completing monthly trending. The person in charge discussed how incident management was reviewed in order to track and identify possible additional supports that may be required for residents in the centre and to ensure that adverse incidents were documented appropriately and reported in a timely manner.

Staff spoken to during the course of the inspection were aware of the identified risks within the designated centre both resident and environment specific risk assessments. Support staff discussed the review of risk assessments in line with changing needs of residents and how control measures in the designated centre had been reduced in relation to areas of restrictive practice.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed six residents' assessments of need, and found that they were comprehensive and up to date. The assessments were informed by residents, their representatives and multidisciplinary professionals as appropriate. The inspector found that when residents' presented with a changing need this was

reviewed and updated in their assessment and aligned with the relevant support plan.

The assessments informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. For example, the inspector observed plans on the following:

- Oral hygiene and dental
- Communication
- Social experiences
- Age related health screening
- Falls prevention plans

The inspector reviewed the my life plan of six residents and found that they were subject to regular review with both residents and their chosen support group such as family and friends. The inspector reviewed that my life plans had been supported with visual illustrations for residents of activities that they had enjoyed during the course of the year. There was also information in relation to activities that residents had demonstrated a dislike or dissatisfaction towards. Documentation was in place to support how staff could overcome barriers to some activities and what future supports could be put in place to support residents.

The inspector found that the plans in place for residents were in line with their personal taste and for some residents their aging process. One resident had identified with support staff that they were enjoying retirement and would like a specific number of activities throughout their week but that it was essential for rest days to be incorporated in their planned decisions for each week.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to a variety of health-care professionals in order to meet their assessed needs. The inspector found that the person in charge and support team demonstrated a clear understanding of the health needs of each resident in the designated centre.

The inspector found that changes in residents presentation was subject to immediate referral and review by the relevant multidisciplinary team members. Residents had access to appropriate screening such as age related health screening programmes.

The inspection found that the provider had reviewed the supports required for residents in the designated centre and had completed necessary changes for additional supports. These supports included reviews of environmental supports such as residents mobility or accessibility requirements in their home and increasing

staff support when required to assist residents during hospitals appointments or admissions.

The inspection found that the person in charge and support team were conducting regular review of residents' healthcare plans. The inspector reviewed six residents' healthcare plans and found that they had been regularly reviewed and updated in line with residents' assessed needs. The inspector found that the health care plans included guidelines around supporting residents' medical needs including epilepsy, falls management, aging health and nutrition and oral health.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. The inspector reviewed two support plans in place for two residents and found that they were detailed and comprehensive which provided guidance and support to staff daily practice.

In addition, the positive behaviour support plans identified key supports required for individual residents such as familiar staffing and specific training in relation to residents diagnosis. The inspector reviewed rosters in place from January to April 2026 and found that consistent support of familiar staff was provided to residents in the centre in order to fully apply all aspects of support plans. In addition, the inspector found that all staff had received training in relation to residents' identified assessed needs.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

During the course of the inspection the inspector had the opportunity to meet with one resident in their home on return from a morning trip. The resident was being supported by a staff member. The inspector observed the staff member talking to the resident about their evening plans and adhering to their positive behaviour support guidance by offering reassurance and communication about their schedule.

The inspector found that restrictive practices in place in the designated centre were subject to regular review and monitoring by the person in charge. The person in charge maintained a log of all restrictive practices in the centre and this was also subject to local level review. In addition, the inspector found that restrictive practices were regularly discussed at staff meetings with a view to reduce where possible restrictions deemed necessary in the designated centre.

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| 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 14: Persons in charge | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | 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 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |