



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

Issued by the Chief Inspector

Name of designated centre:	Sycamores
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	30 June 2026
Centre ID:	OSV-0005638
Fieldwork ID:	MON-0047569

About the designated centre

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

The designated centre can provide a residential service for up to three adults over the age of 18 who have a moderate intellectual disability. The centre comprises of one house which is located in a residential neighbourhood of a large town where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Suitable cooking and kitchen facilities are also available and reception rooms are warm and comfortably furnished. A social model of care is offered to residents in this centre and a combination of registered nurses, social care workers and healthcare assistants make up the staff team. Staff are available to support residents both during the day and at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 30 June 2026	13:55hrs to 21:05hrs	Mary McCann	Lead
Wednesday 1 July 2026	09:00hrs to 11:45hrs	Mary McCann	Lead

What residents told us and what inspectors observed

This inspection was an unannounced thematic safeguarding inspection which focused on, a review of the arrangements the provider and person in charge had in place to ensure compliance with specific regulations of the Care and Support of residents in Designated Centres for persons with Disabilities Regulations (2013) and the National Standards for Adult safeguarding (2019). In June 2024 the Chief Inspector of Social services issued a regulatory notice outlining the paramount importance of safeguarding in designated centres which involves a holistic approach which promotes people's human rights. Sycamores is registered by the Chief Inspector to provide full-time residential care to three residents. At the time of this inspection there were two residents living in the centre and one resident was in the initial stages of transitioning into the centre.

This inspection commenced at 13:55 and when the inspector arrived, one member of staff was available in the house. The other staff was completing activities in the community with a resident, and the other resident was at day services. The inspector found that this centre had procedures in place to safeguard residents ensuring they were protected from harm and could enjoy a good quality of life. Residents could do the things they chose to do and therefore have enjoyment in their day-to-day activities.

This was evidenced by

- Communicating with one of the residents who lived in the centre, the person in charge and two staff members.
- reviewing the staff rota from the 1 June to 31 July 2026.
- reviewing staff training records for a selection of staff working in the centre and
- reviewing other relevant health and social care documentation relating to the residents.

One resident was able to communicate independently with the inspector and spoke of how happy they are living in the centre and have control over what they want to do. The inspector observed that they were very comfortable chatting with staff and could articulate their views. They confirmed they got on well with the other resident and they sometimes did things together for example activities of their choice, going out for coffee and at other times doing things independently. One resident loved walking and staff regularly walked with this resident. While the resident was non verbal when the staff asked them if they would like to go for a walk he immediately smiled and got their coat.

They assessed the community every day with day service or residential staff and were complimentary of the care and support received from staff.

The other resident was supported by staff to express their views. A communication profile, communication passport and a comprehensive communication dictionary was in place for this resident which greatly assisted with communicating with this resident, for example the communication dictionary stated that if the resident sat at the table humming this meant he was happy for you to sit with them, however if they tapped their face, it meant they were not happy to engage. Staff asked the residents if they would like to have tea with the inspector at the dining room table with staff of on their own and they agreed to have tea with staff and the inspector. On other occasions residents met with the inspector for short periods as they went about their home. Residents and staff chatted freely together in the sitting room and there was a pleasant atmosphere in the centre which assisted residents to relax.

The centre consists of a bungalow-style house which has been specifically adapted to meet the needs of residents. The centre was located close to a busy town with good access to a range of services. Two sitting rooms were available so residents could relax away from their bedrooms. Each resident had their own private bedroom, one of which was en-suite and the other was located near a bathroom which assisted with protecting the privacy and dignity of residents. There was adequate comfortable furniture for residents to relax. Residents consented to the inspector viewing their bedrooms, and the inspector found that these were personalised. The furnishings and personal items of the residents displayed added to the homeliness of the centre. The house was clean and well equipped with all necessary appliances. Parking space was available to the front of the house and there was a nice private garden at the back of the house with a patio area and garden furniture.

In summary, from what the inspector observed and read, this service was resident led and residents' rights to privacy dignity and autonomy were respected, leading to residents enjoying a safe quality service supported by a consistent staff team.

Capacity and capability

The inspector found suitable systems of governance and management were in place.

Staff spoke with knew who the designated officer was and their contact details were displayed in the staff office. Staff were aware of their responsibility to protect residents and report any safeguarding concerns. Where an identified safeguarding concern occurred, this was reported and a safeguarding plan was devised to protect the resident. The person in charge was recently appointed. They were supported by a social care worker who had worked in the centre for many years and had a very good relationship with residents and knowledge of residents. They spoke with warmth and respect regarding the residents and voiced the view that enhancing the

lives of the residents was a very important goal for staff. The person in charge was keen to ensure that residents had a good quality of life and was aware of the importance of person-centred care. Both staff spoke of the importance of compatibility assessments to ensure any resident who was admitted to the centre was compatible with the current residents

Regulation 15: Staffing

The number and skill-mix of staff on the day of inspection was appropriate to meet the assessed needs of residents.

This meant that residents received assistance and support in a timely manner which supported their dignity and respect. There was an actual and planned rota showing staff on duty at all times. The inspector reviewed the staff rota from the 1 June to 31 July 2026 and found that staffing levels documented were consistent with the level of staffing on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a sample of training records for staff and found staff had completed mandatory training which included training in safeguarding, fire safety and best practices in managing behaviors of concern.

Safeguarding training was delivered face to face by the safeguarding team and on line. The governance team has completed an awareness of safeguarding audit with all staff. Staff had also completed training in human rights-based care. This meant that staff had the competencies to meet the needs of residents living in this centre which contributed to the well being of residents. The person in charge provided supervision to staff and this included a review of staff's training needs.

Staff were supervised by the person in charge to ensure support was in place to assist them with safeguarding residents and also to assure the management team that residents safeguarding was protected when they were not present in the centre. An on-call out-of-hours rota was in place to provide support and advice to staff.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that there were good management structures in place that ensured safe quality service was delivered to residents.

The centre was suitably resourced to ensure residents rights of fairness dignity, respect and autonomy were protected. Resources included the provision of suitable safe and comfortable, home, accessible transport, and a consistent appropriately trained staff with adequate staff to ensure person centred care and support. There was an action in the last inspection that related to the complaints process. This had been addressed.

Annual reviews and unannounced provider visits were occurring. The inspector reviewed the most recent annual review completed In October 2025. An easy-to-read version of the annual review report was available for resident the annual review provided for consultation with residents and relatives. The inspector reviewed the most recent six-monthly unannounced visit report completed in June 2026. The centre had an overarching quality improvement action plan. Where any deficits were identified in any of the audits, the annual review or the six monthly unannounced registered provider visit reports, these were recorded in the overarching plan and addressed. Staff meetings and management meetings were occurring, and minutes were available of these so that staff who were unable to attend could be updated on what was discussed.

The area manager met with the person in charge every two weeks. Discussions at these meetings included health and safety, recruitment update and general running of the service.

The audit folder was reviewed by the inspector, this included audit of complaints medication training and person-centred plans. Person in charge forums were also occurring and the person in charge stated there were a valuable resource for learning from each other.

Judgment: Compliant

Quality and safety

The person in charge explained that the centre was in the process of developing a 'pen picture' of each resident which will be a two-page document regarding what you need to know about the resident and will assist with inducting new staff.

Families attended the centre regularly and there was an open policy in place regarding visitors attending the centre. The second sitting room could be used as a suitable quiet place for residents to meet visitors. There was one staff vacancy in the centre, and this was covered by a regular agency staff. A contract was in place

between the provider and the agency to ensure that this staff member had appropriate training and Garda vetting to protect residents was in place.

Regulation 10: Communication

The registered provider was ensuring that each resident was assisted and supported at all times to communicate in accordance with their needs and wishes.

During the inspection, the inspector observed staff communicating in a respectful way with the residents. And encouraged the residents to meet individually with the inspector and to show the inspector their bedrooms.

There was an up-to-date communication policy to guide practice. One resident could communicate freely with the inspector, and the other resident had a communication plan and communication dictionary specific to the resident in place. Consistent staff who knew the residents well assisted with enabling the residents to make their views known.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and the number and needs of residents.

The house was purposefully renovated and designed to meet the needs of the residents accommodated. All residents had good communal space apart from the communal sitting room. There were adequate showers and toilets to meet the needs of the residents. The centre was clean, neat and tidy and provided a comfortable well decorated bright home to residents. Bedrooms reviewed were of a good size, were personalised and well furnished with adequate storage space.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector saw that individual assessments and personal plans were developed.

The inspector reviewed the personal files of two residents and found that personal plans demonstrated good detail of the individuals goals for example planning a birthday party going to a concert, going swimming, going out for meals, walking and

reflexology. In one file reviewed there was good evidence of the progression of goals which was reviewed quarterly. However, in the other file while there was evidence that goals were progressed, was hard to track the progression of the goal. The person in charge was aware of this and planned to develop a simpler format for recording progression of goals. An annual review the residents personal plan had been completed within the previous 12 months, this review included the residents views the previous year's goal and was attended by relevant health and social care staff and the residents' family

Judgment: Compliant

Regulation 7: Positive behavioural support

There were no behaviour support plans in place at the time of this inspection.

A log of restrictive practices was in place. A policy was available on managing positive behaviour support and all staff had undertaken training in the management of behaviours of concern. Specialist behaviour support personnel were available to the centre if required.

Judgment: Compliant

Regulation 8: Protection

Residents were protected through the provider's risk assessment systems, recruitment of staff policy and safeguarding procedures that were in place.

All staff were trained in safeguarding vulnerable adults and the governance and management team completed comprehensive audits on staff's knowledge of safeguarding.

This ensured that senior staff had confidence that staff had the required knowledge and skills to protect residents, by recognising and reporting safeguarding incidents and enacting procedures to support and protect residents from harm.

Residents' needs had been assessed, and support plans were enacted to ensure these needs were met. This included support in relation to attending medical appointments, and sourcing activities that were chosen by the residents. A comprehensive policy was available to assist staff in the reporting and management of safeguarding incidents.

Judgment: Compliant

Regulation 9: Residents' rights

There were systems in place to ensure residents rights were protected. Residents were happy living in the centre, and the inspector observed that they were comfortable in the company of staff.

Residents were observed to be happy going and coming from the centre with staff. The inspector observed that staff had recorded the resident's likes, dislikes and preferences, based on knowledge of working with the residents and from discussions with the residents and their family members. Advocacy services were available to residents if required. staff confirmed that residents could exercise their right to attend Mass and residents sometimes went to Knock or visited the graves of their parents .

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 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant