

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

## Issued by the Chief Inspector

Name of designated centre:	The Sycamores
Name of provider:	S O S Kilkenny CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	25 September 2025
Centre ID:	OSV-0001875
Fieldwork ID:	MON-0039317

## About the designated centre

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

The Sycamores designated centre is a large bungalow which provides community based living in a home from home environment. It is a retirement home for up to eight residents with mild to moderate intellectual disability many of whom present with additional difficulties such as dementia or Parkinson's disease. The Sycamores is a high support home with a requirement for staff on duty both day and night. The staff team comprises of a combination of nursing staff, social care workers and health care assistants. It is a purpose built large bungalow in a housing estate on the outskirts of a large town. It has eight bedrooms three of which are en-suite. There are two sitting rooms and a smaller communal room, with a dining room and separate kitchen. The house sits on a large site with ample parking to the front and a walled patio area for residents to enjoy private outdoor space.

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

Number of residents on the date of inspection:	7
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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
Thursday 25 September 2025	09:30hrs to 17:00hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

This announced inspection and was carried out by one inspector to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. Overall, the inspector found good levels of compliance with the regulations reviewed.

The inspector had the opportunity to meet with six residents living in the centre. One resident was not present in the centre on the day of inspection as they were on a visit home. In general, the residents were an aging group who presented with high support needs and some healthcare needs. Some residents communicated verbally with the inspector throughout the inspection day and some residents used non-verbal communication methods.

The inspector met with some of the residents on the morning of the inspection as some were having breakfast and getting ready for the day. A number of residents were choosing to eat in the dining area and one resident was having a cup of tea in their room. The inspector noticed one resident return to bed after their breakfast for another rest before getting ready for the day ahead. Another resident was enjoying watching a service on the television after their breakfast, and told the inspector that they did this every day as it was important to them.

The inspector completed a walkaround the centre accompanied by staff. The premises was a purpose built large bungalow in a housing estate on the outskirts of a large town. There were two sitting rooms and a smaller communal room, with a dining room and separate kitchen. All residents had their own bedrooms and these were personalised with pictures, artwork and personal belongings. Three residents had en-suite bathrooms and other residents used shared bathrooms. In general, the premises was maintained in a good state of repair. Some minor outstanding paintwork was noted around the home such as chips and scuff marks on walls, doors and door frames. Some paintwork was being completed in a bathroom by maintenance staff on the day of the inspection.

The residents were supported by a team of nurses and healthcare assistants. The centre also had designated housekeeping and kitchen staff. The inspector found from a review of support levels in place, observations of care and conversations with residents and staff that there were appropriate staffing levels in place to meet the needs of the residents in the centre. Staff spoken with communicated that they were happy working in the centre and felt well supported. Staff were familiar with the residents' individual needs when asked.

In the afternoon, one resident took the time to show the inspector their personalised office area and played a song for the inspector on their guitar. The resident communicated that they were very happy and liked their home. The inspector observed another resident in this area enjoying a visual display projector and they appeared happy and content watching this. Two residents decided to go

for a rest in their room after their dinner and this choice was facilitated by staff. One resident was observed having a rest and eating an ice-cream in their living room at this time and they appeared happy and comfortable.

Residents were consulted regarding their views on the service provided as part of the registration renewal process through satisfaction questionnaires issued to the provider. Some residents had completed these with support from staff and overall, these reflected high levels of satisfaction with the service provided in areas including meal times, staffing and activities. One resident said "All good.." and another resident communicated "I love my big room".

Mealtimes appeared to be a pleasant experience. One resident communicated that "dinner was nice" when asked by the inspector about their meal. The centre had designated catering staff who were responsible for preparing meals in the centre. Residents did not appear to be involved in meal preparation. The inspector observed some residents having their breakfast and some having their dinner in the afternoon and they appeared happy and satisfied with their meals. Regular choice and variety was offered to residents weekly regarding mealtimes.

Activation was limited at times to centre based activities. Staff and management communicated that this was due to the residents aging profile and changing needs. Centre based activities included massage, bingo, chair yoga, music therapy, gardening, bingo, movies and arts and crafts. While in general, residents appeared happy with these in-house activities, one resident communicated in the centres annual review that they "would like to go out a bit more".

The inspector noted that improvements were required in the area of social goals for residents. This is discussed further under Regulation 5. Current social goals identified for residents were repetitive, generic and not always person-centred. Some goals were not appropriate to the residents most current needs and were not achievable. Some residents were not experiencing regular personal planning meetings to review their personal goals.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

## **Capacity and capability**

This was an announced inspection to inform a registration renewal decision. In general, the inspector found that the registered provider was demonstrating the capacity and capability to provide a safe and effective service to the residents living in the Sycamores.

The inspector found that the provider had appropriate oversight systems in place. Audits and reviews were appropriately self-identifying areas in need of improvements. The person in charge had finished working in the centre a few days prior to the inspection and there was a team leader and senior manager fulfilling management duties in the centre in the interim period prior to a new person in charge being assigned to the role.

Residents were supported by a regular staff team who had completed appropriate training to meet their assessed needs. Nursing supports were in place when required.

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

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application to renew the registration of the centre. They had submitted all of the required information in line with the required timeframes.

Judgment: Compliant

### Regulation 15: Staffing

Staff spoken with communicated that they were happy working in the centre, felt well supported and were familiar with the residents' needs when asked. The staff team comprised of nursing staff and healthcare assistants. The centre also had designated housekeeping and kitchen staff. There were two staff vacancies on the day of inspection and regular, consistent agency staff were working these hours. The provider had recently reviewed a resident's changing needs within the centre to ensure fire safety at all times. This meant that there was an increase in staff support at night with three waking night staff. The staff rota was well maintained and reflected this change. The inspector noted a picture version of the staff rota displayed in the centre's hallway for residents to see who was on duty that day.

Staff meetings were held regularly within the centre with the staff team and management present. These were used as an opportunity to discuss service policies, care planning, risk management and safeguarding measures.

The inspector reviewed a sample of three staff personnel files and found that they contained all items set out in Schedule 2 such as Garda Vetting, staff qualifications and evidence of staff identity.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector completed a review of the staff training matrix. This demonstrated that staff had access to mandatory training and refresher training in areas such as Fire safety, Manual Handling, Safeguarding, Childrens First and Behavioural support training. In addition to this, staff were completing some training specific to the residents' needs such as diabetes and epilepsy management. All staff training and refresher training was up-to-date. All staff were experiencing regular one-to-one formal supervision with their line manager.

Judgment: Compliant

## Regulation 22: Insurance

A copy of the centres insurance was submitted with the provider's application to renew the registration of the designated centre. Following review, the inspector found that this was appropriate and up-to-date.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge had finished working in the centre a few days prior to the inspection and therefore was not present for the inspection. Management were making plans to assign a new person in charge to the role. There was a team leader and senior manager fulfilling management duties in the centre in the interim and the inspector found that they were knowledgeable regarding the needs of the residents and the general running of the designated centre.

There were clear oversight systems in place, such as regular audits and reviews, and these were appropriately identifying areas in need of improvements in the service. For example improvements required in the area of social goals for residents had been noted during the most recent annual review. This is discussed further under Regulation 5. Residents and their family members were consulted regarding their views on the service provided.. There was a service quality manager who completed audits and reviews and these included a six monthly unannounced audit on behalf of the provider.

Judgment: Compliant



### Regulation 3: Statement of purpose

The statement of purpose was submitted with the provider's application to renew the registration of the centre and was available and reviewed in the centre. It contained the required information set out in Schedule 1 such as the registration details, support needs in the centre and staffing arrangements. This had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed a sample of incident reports and completed a walk around the premises. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

The inspector reviewed a number of areas to determine the quality and safety of care provided, including a review of premises, risk management, individual assessments and personal plans, protection and fire safety. While it was found that all residents were in receipt of a high quality service, improvements were required in the area of care planning to ensure that residents' health and social care needs were appropriately planned for.

Overall, the inspector found that residents were safe. Quality assurance methods were ensuring that the centre had appropriate risk management and fire safety arrangements in place.

### Regulation 17: Premises

The premises was designed and laid out to meet the needs of the residents. The home was a purpose built large bungalow in a housing estate on the outskirts of a large town. There were two sitting rooms and a smaller communal room, with a dining room and separate kitchen. All residents had their own bedrooms and these

were personalised with pictures, artwork and personal belongings. Three residents had en-suite bathrooms and other residents used shared bathrooms. In general, the premises was maintained in a good state of repair, however some outstanding minor paintwork was noted around the premises such as scuff marks on walls, doors and door frames.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider's risk management policy was found to meet regulatory requirements. The risk register and residents' individual risk assessments were reviewed. These were found to be reflective of the presenting risks and incidents occurring in the centre. A number of restrictive practices were in use in the centre and risk management documentation evidenced clear rationale for their use.

Centre specific environmental risks had been considered and mitigating measures had been implemented when required. For example, schedules were in place for regularly flushing unused water systems for the prevention of water borne bacteria and staff were completing these flushes weekly.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector found that the provider had ensured there were appropriate fire safety systems in the centre. A walk around the centre found that there were appropriate detection systems, emergency lighting, containment and fire fighting equipment. These were all serviced and checked regularly with a qualified fire safety specialist. Daily and weekly fire safety checks were being completed by staff.

The evacuation procedures were prominently displayed in the designated centre. Staff and residents were completing regular fire drill evacuations. These simulated both day and night time conditions and demonstrated that the centre could be evacuated in an efficient manner in the event of a fire. All residents had personal emergency evacuation plans. These were comprehensive and detailed individual support levels required in the event of an emergency evacuation, along with an assistive equipment in place for residents with hearing or sight impairments. The centre had recently responded to a resident's changing needs to ensure fire safety at all times. This ensured there was sufficient staff available to aid evacuations at night.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Some improvements were required in the area of personal planning to ensure that residents' social and healthcare needs and goals were appropriately reviewed and documented. The inspector reviewed residents' social goals and found that these were repetitive, generic and not always person-centred. Some goals were not appropriate to the residents most current needs and were not achievable. One resident had not experienced a personal planning meeting to set new goals since February 2024. Updates on whether or not residents had achieved their goals, were not being regularly monitored. This issue had been identified in the most recent annual review. However, effective actions had not been taken to address this issue yet.

The service had recently implemented an online system for recording residents' assessment of need and care plan. Staff noted that in general, this system was working well for the service to date. The assessment of need was comprehensive and encompassed the residents health and social care needs. However, a number of residents in the centre had healthcare needs and there were no corresponding care plans in place for these identified healthcare needs. On the day of inspection, the system did not allow staff to develop care plans for specific healthcare needs as there was no template in place on the system for this.

Activation schedules were limited at times to centre based activities. Staff and management communicated that this was due to the residents aging profile and changing needs. Centre based activities included massage, bingo, chair yoga, music therapy, gardening, bingo, movies and arts and crafts.

Judgment: Not compliant

### Regulation 6: Health care

Residents in the centre were supported to manage their health. Some residents presented with high healthcare needs and had access to daily nursing support in the centre. Residents had good access to a range of multi-disciplinary supports such as occupational therapy, physiotherapy, neurology, speech and language therapy and mental health support and there was evidence of regular engagement with all of the residents general practioners (GP's).

While the inspector was satisfied that the residents' healthcare needs were being met in the centre, there was a lack of care planning in place in relation to a number of the residents' healthcare diagnosis' such as dementia, Parkinson's and associated healthcare concerns. This posed a risk as residents needs changed and increased or

when residents were faced with a new diagnosis, as there was no clear guidance for staff on the care and supports in place for these care needs. The service had recently moved to an online system and the inspector acknowledged that the service was still navigating how they could best capture some of the residents needs in the new care planning process.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

A number of restrictive practices were in use in the centre and risk management documentation evidenced clear rationale for their use. It was found that the least restrictive measures were in place for the shortest durations necessary. The service had established a restrictive practice committee who regularly reviewed the use of any restrictive practice in the centre. Any use of restrictive practices had been notified to the Chief inspector on a quarterly basis, as required by Regulation 31.

Residents had behaviour support plans in place, when required, and these were subject to regular review. These detailed proactive and reactive strategies to support residents. Staff had up-to-date knowledge and experience to respond to challenging behaviours and had completed training in the area of behaviour management.

Judgment: Compliant

### Regulation 8: Protection

There were appropriate measures in place in the designated centre to safeguard residents. There were no open safeguarding concerns on the day of inspection. Safeguarding incidents were minimal and residents appeared to be a compatible group. Residents had individual support plans in place for their intimate and personal care.

Staff spoken with were familiar with who to raise a concern with, should a safeguarding concern arise. All staff had up-to-date training in the Safeguarding and protection of vulnerable adults and all staff had up-to-date Garda Vetting. Any safeguarding concerns were treated in a serious and timely manner and in line with national policy.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Sycamores OSV-0001875

**Inspection ID: MON-0039317**

**Date of inspection: 25/09/2025**

## **Introduction and instruction**

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Currently this is under review, weekly walk around of the Centre will be completed by PIC to ensure any maintenance work is captured and same is logged through the internal maintenance pathway.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: This is currently under review by the PIC, communication was sent out to all keyworkers to discuss resident's goals with all residents, these goals will be documented under the resident's PCP in the outcomes section to ensure they are Personal Centre for the residents in relation to their choice. The same will be discussed in the next annual review with all residents to ensure that residents' wishes are being captured.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:	



This is currently under review, as outlined in the report care plans for specific health care needs are been developed and will rolled out across the organisation to ensure that health care needs are been captured within the care plan.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2026
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	31/01/2026
Regulation 06(1)	The registered provider shall provide appropriate health care for each	Substantially Compliant	Yellow	31/01/2026

	resident, having regard to that resident's personal plan.			
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