



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

Issued by the Chief Inspector

Name of designated centre:	Kerry Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	18 November 2025
Centre ID:	OSV-0003447
Fieldwork ID:	MON-0047775

About the designated centre

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

Kerry Cheshire is a large single-storey purpose built apartment complex in a town. The complex contains 12 self-contained apartments that have an open plan design accommodating a sleeping area, a living/kitchen area and a toilet/shower area. The apartment complex also contains communal areas including a meeting room/lounge, a kitchen, a laundry room, a reception area and office spaces. It provides a full-time residential service for up to 12 residents, of both genders with physical disabilities and neurological conditions. Residents must be between the ages of 18 and 65 upon admission to the centre. Supported is provided to residents by the person in charge, a care coordinator, a senior support worker, care support workers and a cleaner.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 November 2025	09:10hrs to 17:00hrs	Kerrie OHalloran	Lead

What residents told us and what inspectors observed

This inspection was an unannounced focused regulatory inspection to review the arrangements the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and the National Standards for Adult Safeguarding (2019). Safeguarding of residents is an important responsibility of a designated centre and fundamental to the provision of high quality care and support.

On arrival to the centre, the inspector was greeted by a member of staff and asked to sign into the designated centres visitors book. Shortly after arrival the inspector was greeted by another member of staff. The staff member facilitated the inspector for a short time in the morning as the person in charge made their way to the centre. Residents in the centre were being supported by the staff on duty with their morning routines and getting ready for their planned day ahead. The staff on duty informed the inspector that some residents were preparing to go to their day service, while others would not be attending the day service as this was their choice.

The person in charge showed the inspector around the premises. It was seen to be warm and clean. On the day of the inspection there was twelve residents living in the designated centre. Each of these residents had their own individual open plan living space which comprised of a kitchen, living room, bedroom and toilet/shower area. Communal areas included a meeting room/lounge, a dining area, a kitchen, a laundry room, toilets, a reception area and office spaces.

During the course of the inspection the inspector had the opportunity to meet with six residents. The inspector met with one resident who was enjoying doing some knitting in a communal area of the centre. The resident told the inspector that they were very happy in their home and complimented the staff on the support they receive.

The other five residents were each met with in their own apartments individually. All of these residents again complimented the care and support they receive from staff on a daily basis. One resident spoke about how their independence is promoted and encouraged by the staff and this was important to them. Other residents informed the inspector about how they feel safe in their homes and identified staff and management in the centre that they could talk to if the needed and were aware of the complaints process if they required. The inspector asked the residents if they were aware of safeguarding and the residents told the inspector that staff would support them and discussed with them if an incident arose and that it was also discussed at residents meetings.

Each resident's apartment was personalised with their own items. One resident discussed with the inspector that they were after getting their apartment painted and new flooring and some furniture and they liked it. Other resident showed the

inspector their photography and art that they enjoyed. Residents all enjoyed various activities such as meeting with friends in the local community, some enjoyed attending their day service, watching sport or mass on television, attending mass in the local church, attending sporting events, going to local restaurants and cafes and enjoying concerts and nights away.

Residents were supported and encouraged to maintain connections with their family and friends. Visiting to the centre was facilitated. Residents met with informed the inspector that they have visitors if they wished and this is accommodated in their own individual apartments. Some residents also enjoyed visiting their family members and friends at their homes or in the community. Telephone calls, messages and video calls could also used to stay in contact with family members.

Residents' rights were promoted and residents had access to information in a suitable format. Important information such as the complaints process, safeguarding information, advocacy services, assisted decision making information as well as staffing information was made available to the residents. These were displayed and discussed regularly with residents in quarterly residents meetings. There was evidence of on-going communication with residents. The person in charge informed the inspector that residents had an information day in the centre earlier in the month which provided information on the assisted decision making act and easy-to-read information on this.

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

This section of the report describes the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

The provider had ensured the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the safeguarding needs of residents. The inspector noted adequate staffing levels were in place on the day of the inspection.

Staff working in the designated centre completed an orientation programme which included instruction and guidance on information regarding the centre. The inspector reviewed a sample of the orientation records for two agency staff members that were working regularly in the designated centre.

Overall, this inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality.

Regulation 15: Staffing

The provider had ensured that the staff numbers and skill mix were in line with the assessed needs of the residents and appropriate to meet the safeguarding needs of residents.

There were sufficient numbers of staff to meet the needs of the residents both day and night. The roster reviewed showed that the planned numbers and skill mix of staff was maintained and that there was a consistent staff team who were known to the residents. At the time of the inspection, the centre had two vacancies, this was being covered by regular agency staff and the staff team. This ensured residents were familiar with the staff on duty to support them and continuity of care was being supported. This was important to the residents living there.

The inspector spoke to three staff members on duty, along with the person in charge and they were found to be knowledgeable in their role and the support needs of residents. They were also familiar and knowledgeable in questions relating to safeguarding of residents. They were also knowledgeable about the ways to respond to behaviours of concern and the residents support needs.

During the course of the inspection the inspector observed and overheard staff interacting with residents in a caring and professional manner. It was evident that residents were comfortable with the staff supporting them and that they were familiar with them. Throughout the inspection staff were heard giving residents choice with regard to their day. For example, residents were asked if they would like to meet the inspector, some residents opted not to and this was respected by the inspector. Another staff member spoke with the inspector that residents can decide how they would like to spend their day and the staff support this.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff members had access to appropriate training. The inspector reviewed the training matrix for all staff working in the designated centre, including agency staff and noted that staff had completed the following training;

- Fire safety

- Safeguarding
- Children's First
- Epilepsy
- Complaints
- Safe administration of medication
- Respect and dignity in the workplace

The person in charge had ensured that staff were appropriately supervised. In line with organisation policy, staff members received a supervision on a quarterly basis. The inspector reviewed the matrix in place which identified all staff were being supervised on a regular basis.

One staff required safeguarding training, this will be reviewed under Regulation 8: Protection.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider had a number of systems in place to ensure risks in relation to incidents, accidents and safeguarding in the designated centre.

Some systems required review to ensure documentation was in place was recorded effectively. This will be reviewed under Regulation 8: Protection. There was a clear focus on promoting and ensuring resident's safety and well being. Staff and management in the centre were knowledgeable and aware of safeguarding.

The centre had an audit schedule in place. A sample of these were reviewed by the inspector which were completed annually, six monthly and quarterly. An example of these included restrictive practice audits, pressure ulcer and falls audit and medication audits. These audits had actions identified which were clear with identified time lines to complete where required. For these audits the actions identified were seen and documented to be completed. For example, the falls audit identified for one resident their falls assessment would be due for review and this was completed.

The inspector reviewed the annual review for the designated centre which was completed in November 2024. The action plan in place was seen to be reviewed and updated with actions identified completed within a time line. Resident's views had also been sought as part of this audit and were included. The feedback from

residents was positive with 93% identifying that they were supported to have full control over their daily life.

The provider had a system in place to complete six-monthly announced audits as required by the regulations. An inspector reviewed the audit which had been completed in September 2025.

The inspector reviewed the minutes of the team meetings for the designated centre for 2025. It was seen that team meetings were consistently taking place. These meetings were seen to discuss a range of items such as, safeguarding, complaints and incidents.

Based on a review of the rosters and from speaking with staff and residents it was evident that the person in charge was present in the designated centre on a regular basis. The person in charge had worked in the centre for a number of years and was very knowledgeable of the residents assessed needs. They had the qualifications, skill mix and experience to fill the role. Residents were observed to be comfortable and relaxed in their presence, and all residents complimented the support they received from the staff and person in charge. The person in charge spoke about the importance of ensuring residents were safe, happy and living a good quality life.

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. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times. Some review was required in Regulation 5: Individual assessment and personal plans and Regulation 7: Protection.

Staff and management spoken with were familiar with and knowledgeable regarding residents' health care and support needs. Residents had access to general practitioners, out of hours general practitioners service and a range of allied health services. The inspector reviewed the files of three residents. Support plans in place including those to guide the specific health care needs of residents were found to be informative.

Where some residents' required behavioural support, the provider had ensured these residents received support, as and when required. From the three files the inspector reviewed, one resident had a positive behavioural support plan in place, while another resident had guidance on a positive approach support plan. The

inspector reviewed the two of these plans, they were found to provide clear information for staff.

It was evident throughout the inspection that a person-centred approach to care and support was important and that residents were supported to have choice and to make their own decisions. The provider had a system in place to protect residents from abuse and that there were systems in place to respond to any allegations in a way that ensured the residents' safety was maintained.

Regulation 10: Communication

The inspector reviewed three of the residents' communication plans which were in the residents' personal plans. These plans were clear and contained information specific to the communication needs of the residents. For example, for a resident it was documented that support would be required in filling out a form if required.

Residents in this centre presented with individual communication needs. The inspector met with six residents who all communicated verbally.

The inspector saw that communication was respected and responded to. The inspector saw kind and caring interactions between residents and staff and staff were able to use their knowledge of residents and their routines to promote responses. For example, on the day of the inspection one staff member spoke to the inspector regarding a resident who had communicated they would not be attending their day service and this was respected, however the staff informed the inspector that the resident had requested staff to support them with a change to their wheelchair therefore this may indicate that they might be heading out.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall residents' health and social care needs were regularly assessed and care plans were developed, where required. These plans reviewed by the inspector were found to be individualised, clear and informative. Staff spoken with were knowledgeable regarding the care and support needs of residents. For example, one staff member discussed with the inspector the residents' plans and routines for the day ahead, whether that was attending their day service or relaxing in their apartment in the morning time.

The inspector reviewed three of the residents' personal plans. The personal plans were now on an online system. Residents were supported to have access to their plans when they requested. Staff and management of the centre discussed how

they assist in printing off residents' plans also if they wish. The person in charge informed the inspector that all staff had access to the resident's plans online.

Information in personal plans was seen to be clear and informative. Communications and behavioural support needs for the residents were clearly outlined. Resident's likes and dislikes were also clearly recorded.

The documentation reviewed for three residents was not found to clearly identify meaningful goals or ongoing recordings of how residents were supported to achieve their goals and aspirations. The provider's online system had a clearly identified section and system to record new goals for residents and updates could be recorded here. However on review, goals were seen to be ongoing for over a year for some residents. One resident's goal had identified an action date as August 2024 and this was still identified as outstanding on the providers online system. Other examples include, a goal for one resident was set in 2023 to attend mass. This remained ongoing goal. The inspector had the opportunity to meet the resident who informed the inspector they attend mass and are supported to watch local mass online also. There was no documented evidence recorded for the resident that this goal had been achieved and was part of the residents life.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some residents in this designated centre had support plans in place for behaviour support. The inspector reviewed one behavioural support plan and one resident had information on how to support them under a positive approach plan.

The two plans reviewed which were in place in residents personal profiles and found to be detailed and reflective of the residents assessed needs.

The plans contained guidance for staff in the management of behaviours and were individualised for the resident, taking into account their preferences and how they respond best. The behaviour support plan included identified behaviours of concern, triggers, and strategies both proactive and reactive. The plan reviewed also contained a clear traffic light system which documented how best to support the resident during a period of escalation. The communication needs of the residents were also documented clearly in their plans.

The information in a residents positive approach plan also provided clear information and guidance on how to support a resident if specific behaviour is displayed. These measures to support the resident were noted as working well and again this plan was being regular updated.

The inspector spoke to the person in charge and staff regarding how residents were supported. They were knowledgeable on the resident's behaviour support plan and

needs in place. For example, they spoke about different triggers or signs for a residents and how they support the residents through this.

There were restrictive practices in use in the centre. These had been identified and were reviewed on a regular basis. Each quarter a restrictive practice audit was completed in the designated centre. The inspector reviewed the last quarterly audit that took place and this clearly demonstrated that restrictive practices were reviewed to ensure each intervention in place was used as required and for the least duration of time. Residents also had consent forms in place for the restrictive practices in place. The inspector reviewed a sample of these consent sheets in two residents files, these had last been reviewed by residents in April 2025.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. Policies and procedures were in place to ensure residents were safeguarded. An inspector reviewed the providers safeguarding policy which had been reviewed in May 2025.

Staff had received training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity. However, on the day of the inspection, one staff was overdue safeguarding refresher training.

Management spoken to during the course of the inspection were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm in line with the providers own policy and national safeguarding guidance. For example the inspector spoke to the person in charge regarding incidents which had occurred in the designated centre.

On the day of the inspection, the inspector was informed there were open safeguarding plans in the designated centre. A safeguarding log was reviewed which contained information on safeguarding plans in the centre. Four safeguarding plans were review. Two of these plans were closed and the provider had completed a safeguarding closing meeting in which it was recorded that the person impacted by the incident was met with and informed of the plan closing.

Some review was required to ensure that open safeguarding plans present in the designated centre had documented review dates. For example:

- An interim safeguarding plan in place for one resident for an incident that occurred in March 2025 was reviewed. This plan identified dates for three outlined actions to be completed in March 2025 and reviewed in April 2025, however the review/status update was not documented, therefore it was unclear if these actions were completed within the time line provided and if the safeguarding plan was closed.

Another incident that occurred in May 2025 and an interim safeguarding plan was devised. This again did not have documented that a review had taken place in the date outlined in May 2025.

The inspector reviewed intimate care plans for three residents. These were seen to be reviewed and contained clear guidance to staff and the supports required for residents living in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

In this designated centre there was an emphasis on ensuring that residents were supported to make their own choices and that their right to a safe living environment was recognised. The residents discussed with the inspector that they all like to cook their own meals in their own apartment. One resident discussed with the inspector how they inform the staff in the centre if they are running low on food certain food items so they are supported to add them to their list of shopping. This resident discussed how they went each week to buy their own food items, which they then enjoyed to prepare and cook. This ensured that resident's independence was promoted which was important to the residents living in this designated centre.

Some residents discussed with the inspector about how they enjoyed having their own apartment and that they had an on-call buzzer in place which would alert staff when they required support. Residents said that this was important to them that they could have the right to control over their own private space.

Residents had easy-to-read information in place. The inspector reviewed these and contained information on safeguarding, complaints and the assisted decision making act. As mentioned earlier in the report an information day was hoisted earlier in the month to provide information to residents on the Assisted decision making act. During this a video was played and easy-to-read information was provided.

Residents were supported with quarterly residents meetings. These meetings discussed complaints, safeguarding, advocacy and confidential recipient details and how to access inspection reports.

The person in charge discussed with the inspector that shift changes had also taken place in the centre in order to support and provide one-to-one time for each resident. The person in charge discussed with the inspector that the resident could close how they wished to spend this time whether it be a social outing, organising their apartment or chatting and watching a movie. The inspector seen that these shifts for taking place from a review of the roster.

The provider had implemented a new online system which now contained all residents' personal plans in an online format. The person in charge discussed with the inspector that residents were informed of this change and that staff had

discussed with each resident updates or changes to their personal plans. One staff discussed with the inspector that they can print off plans for some residents to review and this can be done on request of the residents at any time. The inspector asked four residents about the changes to their plans now being online. All residents said they were aware of this and were aware they could look at their own personal plan at any time they requested. This was seen to be discussed at residents meetings also.

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 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kerry Cheshire Home OSV-0003447

Inspection ID: MON-0047775

Date of inspection: 18/11/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none">• Review present goals with service users.• All goals to be clearly identified under Outcomes and Goals on Iplanit.• Internal training with staff at meetings on how to clearly record outcomes and their progress.• As goals are achieved, they can be transferred to care plans for staff to provide ongoing support.	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none">• Safeguarding training for one staff member updated on 19/11/2025• Emails to staff from Cheshire Academy to update training as required.• Safeguarding plan review dates to be monitored and updated accordingly with service users.	

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 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/06/2026
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	16/01/2026
Regulation 08(7)	The person in charge shall ensure that all staff receive	Substantially Compliant	Yellow	18/11/2025

	appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.			
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