



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

Issued by the Chief Inspector

Name of designated centre:	O'Dwyer Cheshire Home
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	16 September 2025
Centre ID:	OSV-0003452
Fieldwork ID:	MON-0046694

About the designated centre

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

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 16 September 2025	11:00hrs to 17:00hrs	Mary McCann	Lead

What residents told us and what inspectors observed

The inspector found that O'Dwyer Cheshire home provided a good service to residents accommodated on the day of inspection and residents were very happy living in the service.

This 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). A regulatory notice was issued by the Chief Inspector of Social Services in June 2024 in which the safeguarding of residents was outlined as one of the most important responsibilities of a designated centre and fundamental to the provision of a rights based service where the FREDA principles of fairness, respect, equality, dignity and autonomy are embedded in the care and support delivered to residents. The centre is registered by The Chief Inspector of social services to provide care to seven residents.

The centre comprised of five self-contained spacious apartments and two respite en-suite rooms. All residents on the day of inspection were provided with their own self-contained apartment and told the inspector that they were supported by staff to live a rich fulfilling life of their choosing. There were five residents living in the centre on the day of inspection and the inspector met with three of these residents. One resident was on holiday supported by staff at the time of this inspection. Throughout the day, staff were seen to interact in a kind and respectful manner with residents, and residents were highly complementary of the staff. Residents told the inspector "it was a lovely place to live, staff help us with anything we need, and one resident said they had everything they needed and they were never going to leave here, "and another stated " 'we are lucky to live here". The inspector also met with the person in charge, the, the service co-ordinator and the clinical nurse manager and two care staff. Staff met with – stated "it is a good place to work", "it's all about the residents", "Staff get on well together good culture of high standards of care" they also stated that the management team were supportive and approachable. The inspector also viewed a range documentation, including three residents care files. The premises were designed for residents to live as independent a life as possible while also providing a comfortable, safe and homely living environment. From observation in the centre, conversations with residents and staff, and information reviewed during the inspection, it was clear that residents had a good quality of life, had choices in the way they lived their lives and were supported by staff to live life to the full thereby ensuring they had a good quality of life which was of their choosing and meaningful to them. Visitors were welcomed and residents were seen to be coming and going as they pleased supported by staff.

Apartments consist of a bedroom, bathroom, kitchen area, living area and some have additional bedrooms to facilitate family or friends to stay should they so choose. The apartments provided a pleasant home to residents with nice furniture and pictures and items of personal interest to provide a homely environment. All had

TV's and laundry facilities. The centre has a communal sitting room/kitchen, a physiotherapy and room and a consultation room. The centre is fully accessible with wide corridors. Office areas for administration and management staff were also available. There was good parking located close to the centre and good garden space and a poly tunnel in the external grounds. Hand rails were fitted along external pathways to ensure that the outdoor area was safe and accessible. The garden areas were very well maintained with nice flowers. Residents devise their own daily schedule and while no day services are available on site, residents are supported to attend other day care services locally. Residents are supported by Cheshire staff and by Personal assistant (PA) staff to engage in meaningful activities and to attend medical appointments. Activities attended included going out to lunch or for coffee, holidays, concerts, shopping social outings and attending the Irish wheelchair association day service.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under relevant regulation assessed.

Capacity and capability

Overall, the inspector was assured that the provider had put in place the necessary systems to ensure that the oversight of the centre was effective in driving quality improvement and identifying issues as required

The centre was well established and a safe quality service where residents rights were respected and there were good systems in place to safeguard residents. The provider had oversight of significant events in the centre, which included a system where staff of the centre recorded accidents and incidents and this alerted the person in charge and relevant personnel depending on the incident. The inspector reviewed the audit folder and found that regular audits relating to accident and incidents, complaints, health and safety were occurring. The centre had an overarching quality improvement plan in place where actions from audits, annual reviews and any other areas identified for improvement were recorded, with a corresponding action plan to address these improvements.

Regulation 15: Staffing

The staffing arrangements in this centre met the needs of the residents

There was an actual and planned rota showing staff on duty during the day. The inspector reviewed the staff rota from 1st to 21st September 2025. Residents told the inspector that there was always adequate staff on duty to meet their needs day

and night. There was good consistency of staff with many staff having worked in the centre for considerable periods of time. The clinical nurse manager had worked in the centre for 14 years and one of the care staff met with had worked in the centre for almost 4 years. An out-of-hours management on call rota was in place to provide support to staff out of hours. Details of this were displayed in the staff office.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training was up to date for all staff.

The inspector reviewed the training records in place for all staff employed and found that all staff had training in areas such as safeguarding, fire safety, positive behaviour support and first aid. Additionally the staff team had received training to support residents in line with their assessed needs such as feeding, eating, drinking and swallowing needs. This ensured the staff team had the necessary skills to provide care in line with residents' specific assessed needs. The inspector reviewed the actions in relation to ensuring staff received supervision in line with the provider's policy. A supervision schedule was in place for 2025, indicating all staff had regular supervision with the person in charge. The person in charge was responsible for one other centre and attended this centre 2 days per week so met staff regularly.

Judgment: Compliant

Regulation 23: Governance and management

This was a well-managed centre with good governance and management arrangements in place to ensure that a safe quality service was provided to residents and residents were happy living in the centre.

The inspector found that there was good continuity of care and adequate staff on duty to meet the needs of residents. The person in charge attended the centre soon after the inspection commenced and facilitated the inspection. Information requested by the inspector was made available swiftly. Staff meetings were occurring regularly and the inspector reviewed the minutes of two meetings. Items discussed included any changes to policies, the quality improvement plan for the centre, safeguarding scenarios, and procedures to adapt, incidents, complaints and staff training. The inspector reviewed the most recent annual review which was completed for the period February 2024 to February 2025. This included views of the residents and their families. Six-monthly unannounced visits were also

completed by a senior staff member independent of the centre. These were completed in January and June 2025.

All adverse events and incidents are reviewed by the local management team and are monitored for trends organisational risk register in place. The overarching improvement plan for the centre included the requirement on-going variation and increase in social opportunities at residents request and this was been worked on by the staff team.

Judgment: Compliant

Quality and safety

Overall, the residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual assessed needs. The residents reported that they were happy and felt safe. The Inspector found that the service was led by the residents . All residents spoken with voiced the view that they had full control in the way they chose to live their lives which reflected their wishes. The residents told the inspector that enjoyed their day-to-day activities. Personal goals were identified and achieved.

Regulation 10: Communication

All residents in this centre could communicate freely and told the inspector they felt they could freely voice their opinions to staff and felt they would be listened to

Staff were observed to communicate with residents in a respectful and person-centred manner. A communication policy was in place. All residents had mobile phones and communicated with families and friends independently.

Judgment: Compliant

Regulation 17: Premises

The design and layout meet the assessed needs of the residents.

It was of sound construction and in a good state of repair. The designated centre provided a comfortable home to residents and residents were happy in their home. All residents had their own apartment which enhanced privacy and dignity. It was clean comfortable and provided space for residents to have private time in their own

apartment or socialise with others in the kitchen/sitting room. The centre adhered to best practice in achieving and promoting accessibility.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A person centred personal plan which detailed the needs and outlined the supports required to maximise resident's personal development and quality of life, in accordance with their wishes was in place for each resident.

The inspector reviewed two personal care files and specific care plans. The personal plans were developed according to the interests of the residents which meant they were meaningful to them. The personal plan detailed individual needs and preferences and their personal goals were clearly identified. For example goals identified included attending a motorcycle rally, going to the theatre and going on a day trip to Lough Derg. Progression of the Goals identified were recorded and some goals had been achieved. Six monthly reviews were occurring and family members attended according to wishes of the family

Judgment: Compliant

Regulation 6: Health care

The provider had procedures in place to ensure appropriate health care was available to for each resident. The inspector reviewed two residents medical care files and found that each resident had a medical practitioner who reviewed any health issues regularly.

Residents also had access to a range of health and social care professionals, to include , psychiatry, physiotherapist, chiropody , bone health specialists, and occupational therapy. The residents were supported and informed about their rights to access health screening programmes and vaccination programmes available to them. An annual health check was completed by the GP.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans were in place for all residents who required assistance with managing their behaviour.

There was one active behaviour support plan in place at the time of this inspection. All staff had completed training in best practices in the management of responsive behaviour. Restrictive practices in place at the time of this inspection included bed rails, foot splints and movement sensors. These related to one resident who consented to their use to assist with support for medical issues. Risk assessments were completed prior to the use of a restrictive practice. There was evidence available that restrictive practices were frequently reviewed to ensure they were the least restrictive option. Residents had a key to their own front door and could access the community as they wished. All residents had control over their finances.

Judgment: Compliant

Regulation 8: Protection

Robust safeguarding procedures were in place to ensure residents were protected from abuse.

There were no active safeguarding plans in place at the time of inspection. The inspector reviewed the three most recent safeguarding incidents reported to the Chief Inspector and found that these had been well managed to prevent re-occurrence. All incidents were reported to the local HSE safeguarding team. From a review of meeting minutes the inspector saw that safeguarding was discussed at fortnightly management meetings and at staff and residents meetings. This gave residents the information to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Staff spoken with were aware of the contact details of the designated office and of their responsibility to report safeguarding concerns and protect residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found from speaking with residents, staff on duty, the person in charge and a review of documentation that there was an open culture which respected the individuality of each resident.

Residents were encouraged to voice their views and supported in their choices on how they spent their day. All residents told the inspector that they were doing what they were interested in, and got to do the things they wanted to do. There was an emphasis on supporting residents' independence and on positive risk management.

so that residents could do what they wanted. Residents told the inspector that staff assisted them by transporting them to various activities and medical appointments. The language used to describe the residents was professional and in line with their specific needs. Residents were afforded privacy and dignity when their personal care needs were being met. All residents managed their own finances and residents had access to national advocacy services. A resident's survey was completed annually and the inspector reviewed this for 2024. This recorded that 100% said they felt consulted with and their opinion mattered. A complaints policy was in place and residents were aware they could make a complaint and told the inspector they trust staff to deal with any complaint that they would have. 13 complaints were recorded for 2024 to date all which were resolved within 48 hours. All staff have completed the complaints module on the Cheshire academy site. Last year the person in charge applied for a grant and was successful. This grant supported running two courses in the centre, a cookery course and a computer course. This enhanced the skills of residents and added to the variety of activities available.

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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant