Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Centre 4 Cheeverstown House Residential Services
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	03 September 2025
Centre ID:	OSV-0004927
Fieldwork ID:	MON-0047949

About the designated centre

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

This designated centre provides 24-hour care, seven days per week for male and female adults. The centre is located on a campus residential service in the area of South Dublin. The centre comprises of three residential houses and can support 15 residents most of whom have mobility issues, and require support with their emotional and healthcare needs. There is a full-time person in charge and the front-line staff are primarily made up of clinical nurse managers, staff nurses, care assistants and some social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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
Wednesday 3 September 2025	11:30hrs to 17:30hrs	Karen Leen	Lead
Wednesday 3 September 2025	11:30hrs to 17:30hrs	Erin Clarke	Support

What residents told us and what inspectors observed

This report outlines the findings of an unannounced risk based inspection of this designated centre. The inspection was scheduled for the purpose of inspecting against the provider's compliance plan which was received subsequent to an inspection in the designated centre on the 12 December 2024. High levels of non compliance with the regulations were identified on that inspection and the provider was required to submit a compliance plan detailing measures to be taken in order to address the levels of non compliance found. This inspection was scheduled therefore to review the progress that the provider was making in coming in to compliance with the Health Act 2007 (as amended) and associated regulations. This inspection found that improvements had occurred across a number of regulations which inspectors found was having a positive impact on the lived experience of residents in the centre. However, improvements were required in relation to Regulation 23:governance and management and Regulation 17:premises. These are outlined in the body of the report.

Centre 4 comprises three bungalow houses located on a campus setting in South Dublin. The designated centre is in the process of assisting a number of residents to transition to new homes in the community setting. The provider had identified two residents in the centre that were due to transition to their new homes in the coming months. The provider, person in charge and support staff provided the inspectors with an overview of residents transition plans. Inspectors found that the transition plans in place had been developed in an accessible format and included the views of residents and their representatives. Residents had the opportunity to visit the local area of their new homes and compatibility assessments had been completed by the provider. In the months previous to the inspection, one resident had successfully transferred to their new home in the community. This transition and reduction in resident numbers in the centre was have a positive impact on the lived experience for residents.

Inspectors had the opportunity to meet with nine residents on the day of the inspection. Residents had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions and body language to communicate. Throughout the inspection, staff were observed to be very familiar with residents' communication styles and preferences. They spent time listening to residents and residents were observed seeking staff out if they required their support. Some residents told the inspectors what it was like to live in the centre and the inspectors used observations, discussions with staff and a review of documentation to capture the lived experience of other residents. Residents spoke to inspectors about some of the activities they were doing which included arts and crafts, walks in local parks, meals out, visiting family, and day trips to neighbouring attractions. Throughout the day, residents were supported to leave their home to participate in activities of their choosing, with residents observed requesting visits to friends in neighbouring houses.

On arrival to the designated centre, the inspectors were introduced to three residents who were relaxing in the main sitting room in one of the houses of the centre. One resident was being assisted to enjoy a light snack and two residents were sitting listening to music. Support staff informed the inspectors that each of the residents had an identified plan for the day. Two residents were going out for lunch together and another resident had a hair appointment in their local hairdressers. On return to the designated centre, inspectors observed residents choosing to relax in either the main sitting room, with one resident deciding to go for a rest in their room following a walk in a local park with support staff.

The inspectors had the opportunity to meet with one resident and their family member during the course of the inspection. The inspectors initially met with the resident prior to their family visiting the centre. The resident told the inspectors that they are very happy in their home since they moved there a few years prior. The resident told the inspectors that they had recently experienced the loss of a friend from the centre. The resident told the inspectors that this had a big impact on them and that they missed their friend. Support staff discussed that the resident was being supported with their grief including through engagement with music therapy. When the resident's family member attended their home for a visit inspectors were invited to meet with both. The family member told inspectors that as a family they are very happy with the care and support that their loved one receives. They discussed that their loved one gets on very well with the staff and that they are very supportive. They discussed that the staff are very good at communicating with family and they always feel welcome in their loved ones home. They explained that staff changes can at times have an impact on activities that their loved one likes to complete, however, the family noted that this is not an issue or concern that happens regularly or one that they have felt they need to bring to the attention of the provider. The family member said that if they had any concerns they would speak to their loved one about addressing it and then to the person in charge or the support staff.

Interactions observed between staff and residents was found to be supportive and kind. It was evident that residents whom the inspectors met with were comfortable in the company of staff. Inspectors observed on resident communication with staff using gestures and signals, staff immediately identified that the resident was requesting to visit their friend. Inspectors observed the support staff telling the resident that they would bring them for a cup of tea. They informed the resident that they would like to demonstrate to a new member of staff what this signal meant so that they could assist them going forward. Inspectors observed the resident smiling at the staff member while they conveyed this communication to staff member who was not familiar to the house.

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 was an unannounced risk-based inspection which was undertaken to assess levels of compliance following an inspection in December 2024. The inspection in December 2024 had identified poor findings in areas of safeguarding and governance and management, with the inspectors also identifying concerns in relation to the service, care and supports delivered to residents in line with the centres statement of purpose. Inspectors found that there was marked improvement in the levels of compliance in a number of regulations on this inspection. However, further improvements were required in relation to Regulation 23:governance and management and Regulation 17:premises.

Inspectors found that the provider had strengthened and improved their governance and management arrangements since the last inspection. There was a clear management structure and oversight and monitoring systems in place to ensure that actions identified in the providers compliance plan and centre level audits were progressed and escalated where required. The person in charge and clinical nurse manager were ensuring that staff meetings were regularly occurring in the centre. From a review of staff meetings held in the centre, inspectors identified that safeguarding, residents rights and residents changing needs were regularly discussed.

A six-monthly unannounced provider visit had taken place in February and August 2025. The audits identified a number of areas which required improvements. The majority of which had been progressed on the day of the inspection or had a clear action plan for completion. However, the inspectors noted that not all areas of concern had been identified during the course of the audits.

The provider had an appropriate number of staff on duty in the centre each day in line with the centre's statement of purpose and residents' assessed support needs. The statement of purpose had been reviewed and updated since the last inspection. A copy of the centres statement of purpose was readily available to residents and their representatives.

Regulation 23: Governance and management

The inspectors found that the provider had made improvements to local governance and oversight systems in the centre. For example, the provider had completed a review of documentation utilised in the designated centre in relation to capturing, identifying and responding to possible safeguarding concerns.

Inspectors found that further improvement was required in relation to the auditing systems in place. For example, the inspectors reviewed the six month unannounced provider led visit to the centre completed in February and August 2025. The inspectors identified that the providers audits had failed to identify concerns in relation to access and review of residents' finances in the centre. The provider audit

identified that residents bank statements and finances were reviewed quarterly by the person in charge, however, one resident did not have access to their bank account details so the person in charge could not fully support the resident in accessing their finances.

The provider had completed an annual review of the designated centre for 2024 which identified achievements and goals, however, the provider had not sought to identify residents views or opinions as part of the annual review. Furthermore, the provider had not sought to gather information from residents family or representatives. The inspectors acknowledge that the person in charge had identified the requirement to incorporate residents and their representatives views for 2025 and had commenced satisfaction surveys in the centre.

The inspectors found that management meetings between the person in charge and senior management were not occurring in the centre on a weekly basis. The requirement for weekly meetings between the person in charge and person participating in management had been identified on the 16 December 2024 following the high levels of non compliance identified following the inspection in December 2024. The inspectors reviewed minutes of two meetings held in January 2025 and one meeting held in March, August and September of 2025. The inspectors requested the minutes of further meetings held, which became available for the inspectors to review during the course of the inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspectors reviewed the statement of purpose for the centre and found that it described the model of care and support delivered to residents in the centre and the day-to-day operations and supports available. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of each premises confirmed that the statement of purpose accurately described the facilities available including room size and function. During the walk around inspectors identified the provider had refurbished a number of rooms in order to ensure that the communal rooms available to residents were suitably furnished to meet their support needs.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspectors found that the provider had undertaken a number of responsive actions in order to enhance the governance and management systems in place in the designated centre which was leading to care and support that was delivered to residents in a safe manner.

The inspectors found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes.

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

The provider had enhanced their systems for the recording and reviewing of possible safeguarding concerns in the designated centre. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Regulation 17: Premises

The inspectors completed a walk through of all three houses that make up the designated centre. The inspectors found that the provider had made a number of improvements to each of the houses since the previous inspection in December 2024. For example, one house in the centre had redesigned an identified sensory and relaxation room for residents. The inspectors found that the room had been created in a way which was inviting to residents to spend time in, either alone or to sit and relax with family. The provider had also completed refurbishment to two bathrooms in the centre. However, inspectors identified that one recently refurbished shower room in the centre did not have access to a hand wash sink. The shower room had been completed with accessible shower facilitates for individuals who would require the support of staff for personal care. Inspectors found that in order for staff to complete appropriate hand hygiene both prior to supporting residents and post resident personal care they would need to open the door of the shower room and either go to a bathroom through another closed door or walk from the shower room to a laundry room at the top of the corridor. Inspectors found that this practice did not support an environment which protected both residents and staff from possible cross contamination while implementing infection prevention and control measures. The inspectors acknowledge that both frontline staff and senior management had escalated this concern to the providers maintenance department, however, at the time of the report no action plan was in place to address this.

Residents had their own bedroom, which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures, soft furnishings and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

The inspectors observed that residents could access and use available spaces both within the centre without restrictions. Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be clean, comfortable, homely and overall in good structural and decorative condition.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspectors viewed the a sample of the risk assessments pertaining to the centre, including those on behaviours of concern, slips and falls, infection prevention and control, and choking risks. The risk assessments had been primarily completed by the person in charge, and the inspectors found that they outlined control measures for implementation in the centre. Overall, the inspectors found that the arrangements for identifying and managing risks in the centre were appropriate.

The inspectors found that there were good arrangements for the recording, investigation, and learning from incidents, for example, the person in charge was completing quarterly trends of accidents and incidents occurring in the centre. The inspectors also identified that any incidents occurring in the centre were reviewed by the person in charge within three working days of occurrence.

The provider had arrangements in place for the identification, recording and investigation of, and learning from serious incidents or adverse events involving residents supported in the centre. There were also written procedures in place for responding to emergencies and contingency plans for support staff to follow in the event of staff shortages.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The provider had completed a review of documentation in place for residents in order to ensure that appropriate reporting

systems could be adhered to in the event of an allegation or suspected incident of abuse occurring in the centre. The inspectors found that there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with on the day of the inspection were knowledgeable about their safeguarding remit.

At the time of the inspection there was one open safeguarding plan in place. Inspectors found that support staff spoken to on the day of the inspection were knowledgeable of the control measures in place in order to further support residents. Furthermore, the inspectors found evidence that the provider had initiated an enhanced review in order to identify probable causation of safeguarding concerns identified in the centre.

Following a review of four residents' care plans the inspectors observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with residents' personal plans and in a dignified manner.

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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Centre 4 Cheeverstown House Residential Services OSV-0004927

Inspection ID: MON-0047949

Date of inspection: 03/09/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider has commenced a review of the organisation's Financial Policy. As part of this review, the provider will ensure that the policy reflects a rights-based approach, supporting residents to have appropriate access to, and control over, their personal finances in line with their individual needs preferences and capacity. The provider will develop and implement a structured process to gather residents' views and opinions for inclusion in the Annual Review Report. The consultation outcomes will inform the review of quality and safety and guide service improvements. The Annual Review Report for 2025 will be completed and made available to residents. Management meetings between PIC and PPIM will be held monthly to ensure effective oversight, monitoring, and governance of the service in line with Regulation 23. The management team in the designated center will ensure that any concerns regarding the quality and safety of care are recorded and actioned in a timely manner. The Person Participating in Management (PPIM) will request that the Person in Charge (PIC) ensures all concerns are appropriately escalated to senior management for review and oversight.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

A hand wash sink will be installed to ensure appropriate hand hygiene facilities are available for all staff. In the meantime, a wall-mounted hand sanitising unit will be installed in the shower room to support staff in completing hand hygiene at the point of care, in line with infection prevention and control measures. All staff will receive hand hygiene training to reinforce good hand hygiene practices and ensure effective hand hygiene when providing care.

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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2025
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	31/12/2025
Regulation 23(3)(b)	The registered provider shall ensure that	Substantially Compliant	Orange	31/12/2025

	effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.			