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:	Cheeverstown Crumlin
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 12
Type of inspection:	Unannounced
Date of inspection:	09 September 2025
Centre ID:	OSV-0007828
Fieldwork ID:	MON-0048022

About the designated centre

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

This designated centre is made up of three houses in a village in South Dublin. The centre provides a full-time residential service for up to five adults with an intellectual disability. The centre is registered to accommodate up to two people in two of the houses with the third house providing single-occupancy accommodation. The centre comprises of private bedrooms, large bathrooms and wet rooms, kitchen/living areas and an enclosed garden to the back of each house. The centre has exclusive use of two suitable vehicles and is in close proximity to services, shops and recreational areas. Nursing and care staff support the residents at home and in the community, led by a person in charge who works full-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 9 September 2025	10:00hrs to 15:30hrs	Karen Leen	Lead
Wednesday 10 September 2025	10:30hrs to 15:00hrs	Karen Leen	Lead
Tuesday 9 September 2025	10:00hrs to 15:30hrs	Erin Clarke	Support
Wednesday 10 September 2025	10:30hrs to 15:00hrs	Erin Clarke	Support

What residents told us and what inspectors observed

This report outlines the findings of an unannounced risk-inspection of this designated centre. This was a focused, risk-based inspection carried out by two inspectors over a two-day period. The purpose of the inspection was to assess the provider's ongoing levels of compliance with the regulations. The inspectors found that the person in charge had local governance and management systems in place to ensure that residents were being provided with safe and consistent support from a dedicated staff team. However, inspectors found a number of gaps in the application of policies and procedures at provider level that was leading to levels of non compliance in Regulation 23: governance and management, Regulation 8: protection and Regulation9: residents rights.

Cheeverstown Crumlin is made up of two two-storey houses and one bungalow located on the same road in South Dublin. The houses are close to a local amenities including shops, restaurants, pubs and local parks and access to good transport links. The centre is registered for five residents, at the time of the inspection there was one vacancy. The inspectors had the opportunity to visit two of the houses that make up the designated centre. Inspectors did not have the opportunity to visit one of the houses as at the time of the inspection as the provider was in the process of completing essential fire remedial works. The inspectors had the opportunity to meet with two residents during the course of the two day inspection.

On arrival to the first house, inspectors had the opportunity to meet with one resident who was getting ready to attend the local swimming pool. Inspectors were introduced to the resident by their support staff. The resident was relaxing on their couch listening to music. Staff sat with the resident and gave the inspectors an overview of some of the activities that they liked to participate in. The staff informed the inspectors that the individuals family were very important to them and that they played an essential part in their everyday life. The resident's home was decorated to their tastes with pictures of family and friends in all areas of the home. The resident also had access to a garden to the rear of their home, which was decorated with a large painted mural. There was also a large seated swing and garden furniture where the resident could met with family and friends during warm periods of weather. One staff spoke about the importance of a number of personal activities and goals for the individual they were supporting, one such goal included the residents love of swimming and the independence being in the water gives them.

In the second house, all residents were either out in day services or staying with family due to planned fire remedial works scheduled to take place the following day. Inspectors met with the person in charge, reviewed requested documentation, and also had the opportunity to meet a visiting resident who was using the house temporarily to have tea and attend to personal care following an outing with staff. Staff explained that they had returned home briefly before going out for dinner later that evening. Inspectors observed the resident to be relaxed and happy in the

company of staff and the person in charge, engaging briefly with the inspection team while staff supported them to prepare for their planned activities.

Inspectors found that while there were extensive folders and files pertaining to residents' personal needs, there were no structured support plans in place to promote residents' independence in managing their finances or to provide education in this area. In addition, improvements were required to ensure that decisions made by third parties did not override residents' expressed wishes. For example, inspectors observed an instance where a resident's goals and activities were discontinued at the request of a third party, without evidence of resident consultation or agreement.

During the inspection, inspectors observed a box of snacks and treats stored on top of the fridge that was designated for staff. When queried, it was unclear how residents could access similar items, as no equivalent snacks were available in the food presses checked by inspectors at that time. Staff explained that shopping was due to be completed later in the day. On the second day of inspection, individual resident boxes containing preferred treats had been placed in the food press. Staff reported that this approach had been positively received, with one resident expressing satisfaction at having their favourite items available**.**

The inspectors had the opportunity to meet with five staff and the person in charge during the course of the two day inspection. Inspectors found that staff were knowledgeable with each residents' assessed needs and the future goals of each resident. Inspectors observed kind, warm and caring interactions between staff and residents throughout the course of the inspection. Inspectors observed support staff identifying residents verbal and non verbal queues for support throughout both days of the inspection.

Overall, inspectors found that residents were leading busy lives and were supported to play an active role in their local community. However, inspectors found that some residents were experiencing barriers which were preventing them from accessing their finances or from making supported and informed decision about the running of their home and personal plans.

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

While inspectors identified that the person in charge had implemented local governance and management systems in the centre, the inspectors were not assured the the policies and procedures in place which guided and underpinned

essential aspects of residents care and support such as safeguarding and protection, provider led audits and the management of residents finances were in line with regulation or current best practice. The inspectors identified concerns in relation to the reporting and screening of safeguarding concerns, residents access to their individual finances and the mishandling of residents private and confidential information. As a result of the non-compliant findings, a regulatory decision was taken following the inspection to convene a cautionary meeting with the provider.

The staffing structure in the centre comprises of the person in charge, staff nurses and health care assistants. At the time of the inspection the centre was working with a full staff team. A review of the rosters demonstrated that the person in charge ensured that planned and unplanned leave identified on the roster was supported by regular relief or agency. The person in charge had devised induction plans for each of the houses in the centre, which gave a clear oversight of the supports required by each resident in their home. Furthermore, the roster clearly reflected the presence of the person in charge and who staff should contact in their absence.

The inspectors found that while staff had completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents, gaps were identified in the implementation of training into everyday practice, this will be discussed further under Regulation 8: Protection. The person in charge provided support and formal supervision to staff working in the centre. Staff spoken to discussed that they felt supported in their role and had the opportunity to discuss concerns should they arise with the person in charge.

Regulation 14: Persons in charge

The person in charge had taken up the position in June 2025, the inspectors found that the person in charge had implemented a number of local level governance systems which where leading to enhanced practices for staff which was having a positive impact on a number of areas for residents including access to meaningful activities and review of ongoing goals.

Through interactions, the inspectors found the person in charge to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The inspectors spoke to five members of staff during the course of the inspection with staff highlighting the support provided to them by the person in charge. The person in charge was also found to have knowledge of residents assessed needs and was actively promoting individuals rights within the centre.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents.

Planned and actual rosters were maintained in the centre which demonstrated that staffing levels were consistent with the statement of purpose. The inspectors reviewed actual and planned rosters for July, August and September 2025. These reflected the names and grade of staff working in the centre during the day and night. The roster clearly identified the shift leader and the location of the person in charge.

At the time of the inspection, the centre was operating with a full staffing complement. The inspectors noted that planned and unplanned leave was covered by regular relief and agency staff. The person in charge and support team had developed an induction plan that highlighted the assessed needs of each resident and points of contact in the event of an emergency. The provider had advertised for an additional governance support for the person in charge in the form of a deputy manager clinical nurse manager grade one. This post was successfully filed with the staff member due to commence in October 2025.

The inspectors had the opportunity to talk to five staff members during the course of the inspection. Staff members demonstrated a clear knowledge of the assessed needs of each resident in the centre and gave the inspector an overview of each residents daily goals and overarching goals for the year ahead.

Judgment: Compliant

Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspectors reviewed the staff training matrix and found that staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging, and safeguarding of vulnerable adults. Furthermore, the inspectors identified that the person in charge had implemented a number of systems to ensure that staff had access to and had completed mandatory and non mandatory training in the centre.

All staff were in receipt of formal and informal supervision and support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2025 for all staff members. The inspectors reviewed three staff supervision records and found that they were in line with the provider's policy and included a review of the staff members' personal development and also provided an opportunity for them to raise concerns. Furthermore, the person in charge used these meetings to discuss residents goals and keyworking

opportunities. In addition, the inspectors reviewed supervision meetings held by the person in charge and the person participating in management.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that while the provider had completed a six-monthly unannounced visit to the centre which took place on the 28 and 29 of August 2025, this audit had failed to identify and appropriately escalate areas of concern and non compliance with the regulations. Inspectors found that this audit did not review a number of key areas such as safeguarding, notifications of incidents or healthcare despite the recent admission of a resident to the centre. Furthermore, inspectors found that areas such as residents access to finances had been reviewed with no action plans in place, despite a number of residents in the centre not having access to their finances. In addition, on review of the six monthly provider unannounced visit to the centre from January and August 2025 the inspectors found a number of repeat findings from previous audits such as ensuring oxygen cylinders are appropriately stored in the centre.

Governance arrangements in the centre were not sufficiently robust to ensure that residents' rights and financial safeguarding needs were consistently upheld. Inspectors found that admissions processes overseen by the admissions, discharge and transfer (ADT) committee did not provide clear guidance in terms of the provider's admissions or finance policies. This led to delays in residents gaining full or partial access to their finances following admission. In practice, this responsibility fell to the person in charge and frontline staff, creating significant challenges where third parties controlled residents' finances. Systems to monitor compliance with contracts of care, safeguarding processes, and financial oversight were not effectively implemented.

Contracts of care required improvement. In some cases, they had been signed by others on behalf of residents who had the ability to sign themselves. The contracts also failed to clearly outline the rights that residents would be afforded once living in the centre. Inspectors found that contracts were not effectively linked to finance management arrangements or the role of third parties, leaving gaps in transparency and accountability.

On review of documentation, inspectors found that while one resident who could read and write, had their contract of care signed on their behalf by another party. Another resident expressed their wish to have their bank card returned to them, which had been delayed due to third-party involvement. Inspectors also heard that some residents' activities and goals had been curtailed at the request of a third party, with no evidence of the resident's own input or agreement. These findings

demonstrated that residents' preferences and rights were not always central to decision-making.

The provider had completed an annual review of care for the designated centre, however, inspectors found that the provider had not sought the views of residents or their representatives. Furthermore, inspectors found that the annual review for 2024 was not readily available to residents or their representatives.

Judgment: Not compliant

Quality and safety

Inspectors found that the provider had not ensured residents' privacy and dignity were upheld in relation to the management of personal communications and information. For example, personal communications regarding one resident were shared with an unrelated third party without clear documentation of the rationale for doing so. The process for obtaining residents' consent, the information provided to support an informed decision, and alignment with the provider's policy were not evident.

There were discrepancies between residents' assessed needs, their expressed wishes, and the wishes of third parties documented in records. Inspectors found that residents were not consistently supported in line with their own capacity to make decisions, nor were processes fully aligned with the Assisted Decision-Making (Capacity) Act 2015. For example, supports to increase residents' access to their finances or to provide education in money management had not been implemented.

Inspectors found that not all safeguarding concerns were appropriately logged or processed through the safeguarding system. As a result, safeguarding plans were not developed, and staff did not have clear guidance to mitigate these risks. Furthermore, the provider did not have adequate oversight of residents' financial safeguarding, as bank statements were not available for review and some residents were only in receipt of partial allowances. These gaps exposed residents to potential risk of abuse.

Regulation 8: Protection

Inspectors identified concerns regarding residents' privacy, dignity, and protection from harm. For example, there were episodes where a resident was observed to be distressed and crying, but these incidents had not been processed through

safeguarding procedures, nor was guidance in place to support staff in managing similar situations.

Residents' finances were not adequately safeguarded, with three of the four residents lacking access to their own bank statements. This limited the provider's ability to cross-check accounts and ensure that no misappropriation had occurred. Furthermore, the provider had not developed safeguarding plans for residents who required access to their bank account but were faced with barriers from third parties. Additionally, inspectors found that where residents did not have access to their finances due to a third party holding their bank card or bank account, this concern was not reported through the appropriate safeguarding pathways either through the providers safeguarding policy guidance or to external stakeholders.

While inspectors found that all staff in the designated centre had completed training in safeguarding vulnerable adults, as previously discussed inspectors found gaps in the reporting of safeguarding concerns in the designated centre. These gaps in reporting meant that safeguarding concerns were not being escalated through the appropriate pathway and therefore no active safeguarding plan was in place which would be subject to ongoing review in order to support each individual resident.

Judgment: Not compliant

Regulation 9: Residents' rights

The inspectors completed a review of admissions to the designated centre. Inspectors found that the provider had not ensured that each resident's privacy and dignity was respected in relation to their personal information. Inspectors reviewed information and minutes of meetings held with senior social workers, senior management, day service managers and external stakeholders where residents information was discussed. The stakeholders in question had no associated connection to the resident and had no requirement to be given an overview of personal and sensitive information for the resident. The inspectors were presented with internal emails that stated the resident had given consent for their information to be shared with external parties. However, the provider could give no information as to how the residents consent was gathered, and could not ascertain if the resident was given all the information in relation to the rational for the meeting to be held and if this meeting was essential in order for a residents admission to the centre to be completed.

Inspectors reviewed the provider's 'My Money Management plan', which outlined good principles for safeguarding residents' finances, including access to funds, awareness of savings, receipt of bank statements, and support to develop money management skills. However, inspectors found that these plans were not consistently implemented in practice. There were no support plans in place to increase residents' access to their money or to provide education in financial

independence. One resident expressed a wish to have their bank card returned, but this had been delayed due to third-party control.

While the plan contained clear guidance for co-decision makers, for example, that "my money must be safe, I must be able to receive my money when I need it, and I must be supported to make my own decisions", inspectors found no evidence that this information had been communicated to co-decision makers at the point of admission. As a result, the principles set out in the plan were not actionable in practice, and residents did not consistently experience the rights and safeguards it described.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Cheeverstown Crumlin OSV-0007828

Inspection ID: MON-0048022

Date of inspection: 10/09/2025

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	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• Providers visit audit form will be revised to include most relevant regulations to the center

• The Admission, Discharge and Transfer Policy will be reviewed and updated to ensure that it accurately reflects the roles and responsibilities of all relevant stakeholders, and clearly guide the overall admission process to residential services.

• There will be a clear engagement process with the person entering a residential placement and their family, providing clarity as to the role of the service provider.

• The Financial Policy will be reviewed, and give organizational direction with regard to how the Provider supports the person in residential service with accessing their money and safeguarding their financial rights.

• The Contract of Care template will be revised, and provide for the involvement of the person supported. The Contract of Care will be informed by the updated Finance and Admissions Policies. Residents will be supported to sign own contract of care where applicable.

• The provider has assisted one resident to access and keep in possession own bank card that had being kept by a third part during the inspection.

• The provider will review how the will and preference of residents are prioritized and acted upon. Senior Management and the Person in Charge will utilize a framework of engagement with third parties (e.g. family members), to ensure the residents' will and preference is understood and supported, guided by Assisted Decision Making and

residents rights. The PIC will refer residents to the Social Worker for their participation in this framework also.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The provider will review how the will and preference of residents are prioritized and acted upon. Senior Management and the Person in Charge will utilize a framework of engagement with third parties (e.g. family members), to ensure the residents' will and preference is understood and supported, guided by Assisted Decision Making and residents rights. The PIC will refer residents to the Social Worker for their participation in this framework also.

• The PIC will monitor and conduct regular staff meetings and discuss privacy, dignity, risk controls in effect to safeguard residents in their home will be monitored to ensure that all staff are familiar with processes to better guide and support staff to protect residents from harm and to effectively manage familiar situations.

• PIC will ensure that resident's personal care support plan are reviewed with clear instruction to how to support residents during times of distress.

• The PIC will work with Social workers to procure bank statements from all 2 families. Since the inspection the PIC has currently assisted 1 residents to acquire own bank card and bank statements, this was done with the collaboration of social worker, finance officer and third party. This was completed in October 13th 2025.

• PIC will work with the staff team to ensure that any concern of emotional (or other) abuse are discussed with the designated officer and brought forward to the safeguarding process when applicable.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• On advancing a new residential opportunity for a new person entering residential service, the sharing of any personal information will be limited. Personal information will be handled with utmost confidentiality. This will be reinforced through the Admissions Policy and at the Admissions, Transfers & Discharge Committee.

• The provider will ensure that residents personal information are protected and that

residents will be supported to provide consent with appropriate supporting documents and given clear guidance and support to choose what information they wish to share. Consent document will ensure that only information in relation to transition is outlined and shared in transition meeting with appropriate parties.

• The PIC will work with Social workers to procure bank statements from all 2 families. Since the inspection the PIC has currently assisted 1 residents to acquire own bank card and bank statements, this was done with the collaboration of social worker, finance officer and third party. This was completed in October 13th 2025.

• PIC will ensure that resident's my money management plan reviews will reflect consistency and implemented supports put in place.

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 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.	Not Compliant	Orange	15/01/2026
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.	Not Compliant	Orange	30/01/2026
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if	Not Compliant	Orange	30/12/2025

	requested, to the chief inspector.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	30/01/2026
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Not Compliant	Orange	30/01/2026
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	15/12/2025
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal	Not Compliant	Orange	30/01/2026

	communications, relationships, intimate and personal care, professional consultations and personal information.			