



# 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 6w
Type of inspection:	Announced
Date of inspection:	22 January 2026
Centre ID:	OSV-0007828
Fieldwork ID:	MON-0040948

## 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
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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
Thursday 22 January 2026	09:00hrs to 17:00hrs	Karen Leen	Lead

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the centre's regulatory monitoring and to help inform a decision on the provider's application to renew the centre registration. The inspection was additionally completed to inspect against the providers compliance plan which was submitted to the Chief Inspector of Social Services subsequent to an inspection in the designated centre on the 09 and 10 September 2025. The inspection completed in September 2025 identified that a number of provider level reviews were required in order to ensure that residents had appropriate access to their finances, safeguarding screening and systems to ensure that their private and confidential information was protected from review by third parties. This inspection found that the provider had committed to undertaking the relevant reviews in order to enhance residents rights and promote a person centred approach to care in the designated centre. The inspector found that the person in charge and staff team were promoting each resident to live active and fulfilling lives both in their home and local community.

Cheeverstown Crumlin consists of two two-storey houses and one bungalow located on the same road in South Dublin. The designated centre is registered for five residents and at the time of the inspection there was one vacancy. The inspector had the opportunity to visit all houses in the designated centre and met with three residents. One resident was away from the centre visiting family. All of the premises that made up the designated centre were close to public transport and local amenities, with residents informing the inspector that they regularly avail of transport services.

On arrival to the first house, the inspector had the opportunity to meet with one resident, one staff and the person in charge. The resident had just returned from a short walk in the local area and was enjoying a light snack while listening to the radio. The resident and their staff told the inspector that they were getting plans ready for an upcoming trip abroad to visit a family member. This house had recently undergone fire restoration works and had some interior redesigns completed. The resident brought the inspector around their home to show them the work that had been completed. Support staff told the inspector that part of the resident's goals for 2026 was to visit a family member by plane. They had done a lot of planning around this trip. The resident told the inspector that they were very happy to visit their family and that they loved living in their home. The inspector found that the premises was designed with the resident's needs in mind. The person in charge discussed that the resident lives alone in the home but will sometimes visit the other houses or invite family or friends to their home. The person in charge discussed that across each of the houses family play a very important role in residents' lives and are part of the decision making process in line with residents' requests.

The inspector visited the second premises which was home to two residents. On arrival the inspector was greeted by one resident who was getting ready to go out

with staff. The resident informed the inspector that they were preparing some items and that they would be with the inspector shortly. The resident then told the inspector that they like living in the local community. That they grew up close to the area and that when they go out shopping or to the local pub people will stop and ask them how they are. The resident told the inspector that they attend a local choir group and community group. They showed the inspector a number of videos on a mobile phone which showed them singing and dancing. The resident discussed that they really enjoy sports and play a number of sports such as golf and snooker. The resident discussed that they have a favourite football team and that they are planning to paint their bedroom in the colours of their team. The resident told the inspector that their family are very important to them and they go home very regularly. They told the inspector about their Christmas spent at home with loved ones. They told the inspector that they also enjoy coming home to their designated centre after a visit as they have all of the things they like in both houses.

In the third house, the inspector had the opportunity to meet with one resident who lived alone and their two support staff. The resident was being assisted by support staff to get ready for an activity and to later met with family for lunch. The inspector observed the resident smiling and making eye contact with staff as they spoke to them about their plan to meet with their family. Support staff informed the inspector that the resident had recently celebrated their birthday and had held a function with family, friends and peers in the designated centre. The inspector found that the premises was adapted to meet the needs of the resident and that it was decorated in line with the individual's tastes and likes. The inspector found that there was ample storage space for resident's belongings throughout the houses.

Throughout the course of the inspection, the inspector had the opportunity to speak with three residents, four staff and the person in charge. In addition, the inspector reviewed four questionnaires which had been sent out to the centre prior to the inspection taking place. The questionnaires seek residents feedback on aspects of the service such as the staff, the premises, their ability to make choices and decisions, and their participation in preparing meals. Three of the questionnaires were completed by residents with the assistance of staff and one was completed by family on behalf of the resident. Feedback received from residents was positive about their experience of living in the centre. One resident noted that "I like my bedroom and that I can change things when I want", another resident noted that the staff were very good and always available. One resident said that they like the food and that they can change their mind. One questionnaire noted that the communication within the house is 'very strong'. In addition, another questionnaire noted that it would be nice for peers to do some more activities together or to meet with others within the provider more regularly. This feedback was brought to the person in charge who discussed that this topic had been brought to support staff in resident meetings and that the team were planning more social dinners and would look to include family and friends to attend these dinners or get together.

Over the course of the inspection, the inspector observed residents coming and going from their homes and attending a number of engagements with family and support staff. The inspector observed residents going for short walks in the local community, lunches out, returning home for lunch and getting ready to meet with

local groups. One resident was completing a shopping list for last minute purchases for their holiday and had planned to get the bus in the afternoon with staff to a nearby shopping centre. The inspector found that residents availed of public transport throughout the day and that when required they used the centre transport. Residents discussed that they enjoyed using local transport when the weather was good. One resident discussed that they enjoy going to their local pub where music such as traditional Irish music is played weekly.

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 sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The person in charge worked full-time and was supported by an area manager.

The inspector found both in this inspection and from the previous inspection in September 2025, strong local level governance and management systems were in place in the designated centre. The person in charge held a schedule of audits to be completed for the centre and they were aware of identified changing needs in residents and what potential supports that may be required for residents and identified training for staff to further enhance residents support needs.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre. The inspector found that complaints made in the designated centre were being reviewed by the person in charge and escalated when required.

## Regulation 14: Persons in charge

The person in charge was employed full-time in this centre only. The person in charge was ensuring effective governance, operational management and administration of the designated centre. The person in charge had the appropriate

qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The inspector found that the person in charge was present in the centre and was available to support residents and staff. The person in charge was advocating for residents and their rights in all aspects of their care. Furthermore, the inspector found that the person in charge was aware of their regulatory remit and responsibilities

Judgment: Compliant

## Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre. The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The inspector found that the person in charge had clear management systems in place for the oversight and management of the designated centre. The person in charge demonstrated good awareness of key areas and had checks in place to ensure the provision of service delivered to residents was of a good standard.

The provider was in the process of completing reviews of policies and procedures held at provider level in order to further support and guide staff practice when supporting residents in different areas of care and support. For example, the inspector reviewed the providers' admission, discharge and transfer policy for the centre and found a number of changes had been made in order to support residents in their home.

An annual review of the quality and safety of care had been completed for 2025, the inspector found that this review had taken into consideration the views of residents, their representatives and support staff. The annual review highlighted a number of

achievements which had been reached by residents in the designated centre. The annual review set out a number of goals that residents had identified for 2026. The inspector found that the person in charge had reviewed the previous annual review completed for 2024 and had initiated a number of changes in how information was gathered from residents in order to ensure that the annual review was resident focused for 2025.

Regular staff meetings were held, and a record was kept of the discussions and required actions. The presence of the person in charge in the centre provided all staff with opportunities for managerial supervision and support. The inspector reviewed minutes of staff meetings held in October, November, December 2025 and January 2026 and found that these covered a number of topics including local audits, provider audits, residents assessed needs, goal planning and staff training.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations. The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety. A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the

provider policy. The person in charge was the complaints officer for the centre, and the complaints recorded reflected those made in person to staff, issues discussed in residents' meetings, and those made on behalf of the residents. At the time of the inspection there were no open complaints. The inspector observed a number of compliments in place in relation to staff support and the continued approach in place to supporting and enhancing family contact and meaningful relationships for residents.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were in receipt of a safe and quality service. The provider had a completed provider level reviews to ensure that the quality of the service delivered to residents was person-centred to residents and was subject to on-going and regular reviews.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans which outlined the associated supports and interventions residents required.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding concern were investigated in line with national policy and best practice. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans, and support from a designated safeguarding officer within the organisation. In addition, the inspector found that safeguarding was discussed at each staff meeting held in the designated centre.

## Regulation 17: Premises

The centre consists of three separate premises. The inspector found the atmosphere throughout each of the premises to be relaxed and friendly. The inspector observed kind and welcoming interactions between residents and staff throughout the course of the inspection. The inspector completed a walk through of each of the houses in

the designated centre and found that each house was laid out to meet the assessed needs of each resident.

Residents had their own bedrooms which were decorated to their individual style and tastes, with each bedroom representing personal achievements, family connections or favourite sports such as motor sports, football or residents' art work.

The provider had completed a number of works in the designated centre in relation to fire restoration. During this process the provider had completed internal painting of houses and in one of the houses had upgraded the premises in line with residents' personal preferences and tastes. A resident informed the inspector that they were very happy in their home. Support staff discussed that the resident resided in the premises alone and that they enjoy visiting peers in the other houses. Support staff discussed the positive impact that having a quiet environment has had on their individual overall wellbeing.

Each of the premises had access to garden areas which were furnished with garden furniture for residents to meet with family and friends. There was adequate communal and private spaces for each resident to avail of should they chose. One resident discussed with the inspector that staff had supported them to place a second television in their home in case they would like to watch a different programme to their peer. Residents had access to electronic devices and were being supported by staff to update and upgrade devices as they required.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, fire containment and upkeep of fighting equipment. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment throughout all three premises within the designated centre. All of these were serviced as required and maintained.

The provider had completed a number of fire works across two houses in the designated centre. The inspector completed a walk through of all houses in the designated centre and completed a manual check on each fire door.

The inspector reviewed fire safety records, including fire drill details and the provider had demonstrated that they could safely evacuate the residents under day and night time circumstances. There was a written plan to follow in the event of a fire or emergency during the day or night.

The inspector spoke to one resident living in the centre and they told the inspector what they would do in the event of hearing the fire alarm or how they would respond in the event of a fire in their home.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed four residents' assessments of need, and found that they were comprehensive and up-to-date. The assessments were informed by residents, their representatives and multidisciplinary professionals as appropriate.

The assessments informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support. The inspector observed plans in place to support residents for example under the following areas:

- Respiratory care
- Epilepsy
- Communication
- Pain management
- Feeding, eating, drinking and swallowing

The inspector found that each resident had taken part in a 'circle and support' meeting. This meeting set out the plans a resident envisions for the coming year. As part of this process residents are supported to complete a "my life" story, this story gives an overview of important people, places, events and memories for each individual resident. It also identifies goals that residents have and what they mean for each resident. The inspector viewed a number of goals completed by residents which were held in an accessible picture format. The goals identified for residents were on going throughout the year, once completed residents decided if they would like to continue or close the goals. For residents who required greater support to identify if activities were enjoyed staff completed clear documentation which identified residents presentation throughout activities. In addition staff encouraged family support in identifying goals. The inspector reviewed a number of goals completed in 2025 including attending car shows, trips abroad to visit family, support to access and control social media accounts and upgrading communication systems such as electronic tablets.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. The inspector reviewed a support plan for one resident and found it was detailed and comprehensive which provided guidance and support to staff daily practice. The inspector reviewed a distress management plan in place for one resident. The inspector found that each support plan had been devised by an appropriately qualified person and that adequate supports and training were put in place for staff to ensure effective delivery of these support plans.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff. Staff spoke to the inspector about the changes in support plans for residents as they age and adapt to new environments within the centre. For example, staff discussed one resident who has seen positive impact of living alone in one of the premises. Staff discussed that they now seek greater number of activities and increased time with family and friends, with staff noting that if an environment becomes over-stimulating the resident will request to return to their home.

The inspector found that restrictive practices in place in the designated centre were subject to regular review and monitoring by the person in charge and the provider's restrictive practice committee. The person in charge maintained a log of all restrictive practices in the centre and this was also subject to local level review. In addition, the inspector found that restrictive practices were regularly discussed at staff meetings with a view to reduce where possible restrictions deemed necessary in the designated centre.

Judgment: Compliant

## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The inspector found that following the inspection completed in the designated centre in September 2025, the person in charge had completed a number of meetings with frontline staff related to the identification and reporting of any allegation of abuse or concern for a resident. In addition, the person in charge conducted regular reviews of daily communications and documentation in relation to residents' supports in order to ensure that safeguarding concerns were reported as per provider and national policy.

The provider had a clear policy in place with supporting procedures, which further supported staff on what to do in the event of a safeguarding concern. At the time of this inspection there were two open safeguarding concerns in the centre. However,

the inspector found that these had been reported and responded to as required and that formal safeguarding plans were in place to manage these concerns.

The inspector had the opportunity to speak to four staff during the course of the inspection and found that they were knowledgeable of the support needs of each resident and were aware of current safeguarding concerns in the centre.

The inspector reviewed four residents' care plans and observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in a dignified and supportive manner.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that since the inspection completed in September 2025, the provider had reviewed a number of supports in place for residents in relation to maintaining their personal information in a manner that was safe and upheld their right to privacy from external stakeholders. The inspector found that residents' information was stored in a private and confidential manner.

Through speaking with and observing residents and staff, in addition to reviewing evidence related to care plans and personal objectives, the inspector found good examples of how the rights and choices of residents were being protected and respected. Staff demonstrated a good knowledge of residents' preferences for their routines, activities, and living spaces.

The inspector reviewed dental care plans in place for each resident and found that the person in charge and staff had developed a detailed support plans aimed at enhancing each resident's right to dental care support. A number of supports had been implemented to support residents to attend their dental check-ups with easy read documentation and social stories developed to support residents to understand the importance of regular check-ups and daily dental hygiene.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant