



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

Issued by the Chief Inspector

Name of designated centre:	Sylvie Lodge
Name of provider:	Communicare Agency Ltd
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	06 October 2025
Centre ID:	OSV-0008109
Fieldwork ID:	MON-0048297

About the designated centre

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

Sylvie Lodge can provide long-term residential care for up to four adults with mild to moderate intellectual, physical and medical challenges. The service is available to adults, both male and female, of 18 years and over. Sylvie Lodge can also support people who may require general care supports, including assistance with needs associated with personal hygiene, toileting and continence, mobility, nutrition and hydration. Sylvie Lodge is a modern and fully functional single storey bungalow located on a mature scenic property close to the amenities of a busy town. Residents are supported by a staff team that includes healthcare assistants and social care workers, who are present in the centre both during the day and at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 6 October 2025	16:15hrs to 21:00hrs	Mary McCann	Lead
Tuesday 7 October 2025	09:20hrs to 13:15hrs	Mary McCann	Lead

What residents told us and what inspectors observed

In summary, from what residents told the inspector and what the inspector observed, coupled with reviewing documentation, the inspector was assured that residents voice was listened to and they enjoyed a good quality of life and had access to meaningful activities.

This inspection was an unannounced inspection which was scheduled in response to the submission of solicited information to the Chief Inspector by way of statutory notifications relating to safeguarding . The inspector found that there were good procedures in place regarding safeguarding and while one resident who had transitioned into the centre and had returned to another service had now decided she does not want to return to the centre.

The inspector focused on a review the arrangements the provider and person in charge have in place to ensure compliance with specific regulations of the Care and Support of Residents in Designated Centres for Persons (children and adults) with Disabilities Regulations (2013. the inspector arrived at the centre at 16:15 on the first day of inspection and was greeted by the person in charge. The person in charge was scheduled on the rota to work until 20:30. A health care assistant and a student on placement were also available in the centre. The centre is registered to provide care to four residents and there were three residents living in the centre at the time of this inspection. One resident was in the care of HSE services. The person in charge told the inspector that this resident had requested not to return to Sylvia Lodge and an alternative placement was being sought for them by HSE services. One resident was in the centre and was observed to be sitting at the dining table chatting with staff, one resident was at day services and one was at the National Learning network. A previous resident who had moved on to another centre to develop more independent living skills was visiting the staff of the centre , and chatted briefly with the inspector stating they were happy in their new home and came back to chat with the staff as he valued their friendships. The centre was clean, bright and nicely furnished which provided a homely comfortable environment to residents.

During the inspection, the inspector spoke with three staff, one of whom was night duty staff, the person in charge and the student on placement. A range of documentation was reviewed, including relevant safeguarding documents, pre admission assessments , compatibility assessments a behaviour support plan, the statement of purpose, minutes of meetings, the annual review audits. and some policies and procedures, Residents were observed throughout the afternoon engaging in activities, chatting with staff and and going out with staff for planned activities. One resident ordered a take away for dinner and another resident cooked their dinner assisted by staff due to the assessed needs of the other resident staff cooked their dinner and were aware of their specific nutritional care needs. Two residents communicated freely with the inspector and told the inspector they were happy living in the centre, they had choice in how they lived their lives and staff

treated them well and helped them with any request they made. They told the inspector they were involved in choosing new furniture, decorating their bedrooms and in the general running of the centre. They stated they were of the opinion that there was enough staff on duty at all time and you could request assistance at any time day or night. One resident was supported by the person in charge who indicated they were happy living in the centre. Residents told the inspector that staff were approachable and that they would be happy to highlight any issues that may arise or make a complaint, if necessary. Staff were knowledgeable of the residents' needs and their preferences. The information they gave to the inspector was in line with the information in the residents' support plans.

Following the introductory meeting with the person in charge, the inspector completed a 'walk around' of the centre. The centre is a large four bedded bungalow, with an open plan kitchen/dining/sitting area. A further sitting room was available which provided a suitable area for residents to have time alone for relaxation or to receive visitors. A staff rest room was also available.

The four bedrooms are located on one corridor off the main area and two large wet rooms with toilet and shower facilities located in close proximity to the bedrooms. A further toilet and utility room was available. There is a garden area to the front of the house and parking space for staff.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describe about how governance and management affects the quality and safety of the service provided.

Capacity and capability

There were clear management systems in place with regular meetings held to oversee and discuss the day-to-day operation of the centre. One area that required review related to ensuring the Statement of Purpose was in compliance with regulation 3.

The local management team consisted of the person in charge who was provided with support and supervision from the Disability Area Manager. The person in charge stated the Area Manager attended the centre weekly and was a freely available on the phone. The team leader post was vacant at the time of this inspection, the person in charge told the inspector they had interviewed for a team leader who had accepted the post but they were awaiting Garda Síochána vetting prior to them commencing the post.

Systems were in place to ensure the centre was monitored and the person in charge was carrying out regular audits. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Actions

plans had been developed in order to ensure improvements arising from the auditing process were addressed in a reasonable time frame.

Regulation 15: Staffing

The staffing arrangements were adequate in meeting the assessed needs of residents living in the centre.

The inspector reviewed the staff roster from the 1 September to 13 October 2025. There was generally two staff on duty at all times. All residents availed of day services, some on a part-time basis or other external activities. Staff spoken with had an adequate knowledge of the residents' personal plans. There was good continuity of staff and staff spoken with stated they enjoyed their work and felt the care and support delivered to residents was very good. They were complimentary of the support and supervision provided by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training for staff employed was up to date. Training records were maintained to assist the person in charge with monitoring and tracking the completion of training. The majority of training was completed on line. Fire training was completed in person.

Judgment: Compliant

Regulation 23: Governance and management

The governance and oversight arrangements in this centre ensured that residents received a good service.

There was a defined management structure in place with clear lines of authority and accountability, however actions were required under regulation 3 and 24 as detailed later in this report. The inspector found there were adequate staff on duty to meet the needs of residents. Staff reported to the person in charge and the person in charge reported to the area manager and met with them regularly.

While an annual review for 2024 had been completed by the person in charge on the quality and safety of care and support in the designated centre this did not include the views of the residents and their families as required by regulation 23. Six

monthly unannounced visits were also completed by a senior staff member independent of the centre. The inspector reviewed the two most recent six monthly reports dated 11 December 2024 and 16 June 2025.

Regular team meetings were occurring and eight staff attended the most recent meeting dated 2 September 2025. Minutes were available for staff who were unable to attend. These minutes evidenced that incidents, mandatory training, specific needs of residents, proposed admissions, confidentiality and residents goals were discussed. The inspector reviewed the audits folder and seen that audits completed included infection prevention an, fire safety and staff training. Where deficits were identified they were actioned by the person in charge and were further discussed with the area manager.

An out of hour's management on call staff roster was in place. Details of the confidential recipient were available to staff should they wish to raise concerns about care and support provided to residents. Two staff members who were on duty confirmed to inspectors that the person in charge was approachable and freely available and there was no barrier to raising concerns regarding residents care with them and were confident if they raised a concern this would be investigated.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The assessment criteria as described in the statement of purpose regarding the care and support needs of residents admitted to the centre did not accurately reflect the needs of those living in the centre at the time of inspection, with regard to having additional mental health needs.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the most recent statement of purpose and found that while the provider had a Statement of Purpose (SOP) in place, this did not comply with Regulation 3 Schedule I of the regulations.

For example it described a 5 bedded bungalow, although there are only 4 bedrooms. It stated that the centre could accommodate 5 residents, although a condition of their current registration was to only accommodate a maximum of 4 residents. Furthermore, where there had been changes in management personnel this was not reflected in the SOP. Additionally the statement of purpose did not accurately describe the specific care needs that the designated centre is intended to meet, for

example the statement of purpose detailed that resident who had mild to moderate intellectual disability would be accommodated, but one recent admission had complex needs and required 2 staff to meet their care and support needs. Another resident had a history of mental health issues, but the statement of purpose did not reflect that the centre catered for the needs of residents with a dual diagnosis of both mental health needs and a disability.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed notifications submitted by the person in charge since the last inspection. Two notifications relating to allegations of abuse had been submitted recently. These had been submitted within the required three working day time frame as required under Regulation 31.

Judgment: Compliant

Quality and safety

Ensuring the voice of residents are sought and listened to is very important in understanding how the service is working to meet their needs and improve outcomes in their lives. The person in Charge and staff spoken with displayed a good working knowledge of the needs of residents and there was a focus on person-centred care. Residents spoken with described how they got to do the things they want to do, for example going to specific sessions of interest at the National Learning network, swimming, getting a take away when they wished. Residents who could clearly verbalise their views stated they were happy living in the centre and saw their families and significant others regularly. Residents appeared to be relaxed and enjoying being in the company of staff. The premises was found to be homely clean and well decorated. Staff were observed at various times during the day chatting and engaging in a pleasant light hearted way with residents such as chatting with them on their return to the centre about what happened during the day.

Regulation 25: Temporary absence, transition and discharge of residents

The provider had a policy in place relating to the temporary absence , transition and discharge of residents.

The inspector reviewed the compatibility assessments and transition plans of the two residents recently admitted and found that these had been completed for both residents . These plans supported that the residents and their loved ones had an opportunity to visit the centre prior to being admitted. The transition plan provided for a period of time to occur from when the resident was referred to being admitted so that the resident was incrementally attending the centre and meeting the other residents prior to admission. Staff reported that both residents had settled into the centre and both indicated to the inspector that they were happy in their new home.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Individual assessments and personal plans were person-centred and provided guidance to staff on how residents liked their care to be delivered .

One resident had a plan in place with regard to developing more independent skills wished their care to be delivered. One of the plans reviewed related to a resident who wished to enhance their independent skills. This plan detailed the areas the resident had chosen to work on, for example do their own washing , fold their own clothes, do their own shopping independently and cook independently.

The person in charge stated that all residents had good links with family members and they attended annual reviews. There was evidence in care files reviewed that families were provided with updates regarding the care and support needs of residents. Pictures of celebration times with family and personal photographs were displayed in some residents' bedrooms. From a review of the residents' case notes and speaking with them and staff, it was clear they had an active life and got to do things they had an interest in. For example, going swimming, going for a walk on the greenway and attending local events. Goals were identified and there was good evidence of goals being achieved for example going to Dublin for a weekend break.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had completed training in the management of responsive behaviour. This assisted them to develop the skills and competences required to manage responsive behaviour in a positive way and decrease the impact of the response behaviour on residents.

There were one behaviour support plans in place at the time of this inspection. The inspector reviewed this plan and found that it detailed the antecedent behaviour and

how to assist the resident to manage their behaviour and how to keep the resident safe and everybody around them safe. For example antecedent behaviour of distress was documented so staff could support the resident to allay the impact of the behaviour expressed. The plan also documented what assists the resident to manage their behaviour, how to manage anxiety and signs of distress. A restrictive practices log was in place. The inspector reviewed this and found that restrictions included splints, a lap belt, a specialist chair. All restrictions had been recommended by medical personnel to assist with health and safety needs of the resident.

Judgment: Compliant

Regulation 8: Protection

The provider had put systems in place to ensure residents were protected from all forms of abuse and harm.

There were sufficient numbers of consistent suitable trained staff to support residents and keep them safe. There were no open safeguarding plans in place at the time of this inspection. The person in charge was aware of the procedure in place with regard to notifying the HSE safeguarding officer if any allegation of abuse was reported.

Other aspects of safeguarding in the centre included consistent staff to meet the needs of residents, a safeguarding policy and staff training in best practices on managing safeguarding incidents. Having these processes in place assisted staff in the consistent management of safeguarding incidents and provided guidance to staff on the management of safeguarding incidents which decreased the impact of abuse and harm to residents.

The inspector reviewed the most recent allegation of safeguarding reported in the centre. This related to a deterioration in the mental health of one of the residents. This had been reported to the HSE safeguarding team and a safeguarding plan was enacted. This resident was no longer living in the centre. Safeguarding Incidents were discussed at staff and management meetings. This gave staff an opportunity to discuss incident management and create greater consistency in the management of safeguarding incidents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sylvie Lodge OSV-0008109

Inspection ID: MON-0048297

Date of inspection: 07/10/2025

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 Annual Review for 2024 was completed on the 06th of January 2025, however, the Service User and Family Feedback survey, although completed, was omitted from this review. A Service Users Feedback Summary will be completed and form part of the Quality Improvement Plan for the 2025 Annual Review.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Statement of Purpose has been reviewed and updated to include and incorporate the varying levels of care and support needs for the individuals who are admitted to the service.	
Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Statement of Purpose has been reviewed and updated to reflect the conditions set out in schedule 1 i.e. maximum capacity of 4 service users - the Service Providers recent organisational structure changes, the specific care and support needs that the designated centre is intended to meet as well as up-to-date floor plans that reflect the conditions of registration.

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.	Substantially Compliant	Yellow	05/11/2025
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	29/01/2026
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from	Substantially Compliant	Yellow	05/11/2025

	abuse by their peers.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	05/11/2025