



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

## Issued by the Chief Inspector

Name of designated centre:	Cheeverstown Phoenix
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	19 June 2025
Centre ID:	OSV-0008379
Fieldwork ID:	MON-0038661

## About the designated centre

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

Cheeverstown Phoenix is a designated centre registered to provide community-based residential care and support services on a full-time basis for up to four adults with an intellectual disability, who have been assessed as being most effectively supported in a private, single-occupancy home. Residents in this centre are supported by a mix of nursing and social care support staff, with access to multidisciplinary services as required. This centre consists of four single houses and apartments in and around a town in Dublin. Each resident has a private bedroom and their own living and dining rooms with suitable bathroom facilities. Residents have local amenities and public transport links in walking distance, or a means by which the residents can book transport from shared provider vehicles.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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
Thursday 19 June 2025	09:30hrs to 17:00hrs	Karen Leen	Lead

## What residents told us and what inspectors observed

From what residents said and what the inspector observed, residents living in this designated centre were receiving person-centred care and support, and were enabled to access activities of their choosing. The inspection found high levels of compliance with the regulations. Some improvements were required in Regulation 15: staffing. These are outlined in the body of the report.

Cheeverstown Phoenix is made up of two apartments and two houses located in a large town in South Dublin, and provides care and support to four adults. Each of the premises are single occupancy homes for residents. The two apartments that make up the designated centre are located on the same road, and the two houses are less than a five minute drive from the apartments. The houses are situated in a large village. Each of the premises have nearby access to a number of public transport routes and are within walking distance of a large shopping centre, library, restaurants, small shops, a church and cinema.

The first apartment visited by the inspector is home to one resident. The apartment comprises of a sitting room and dining area, the resident's bedroom, bathroom, staff sleep over room and a small garden where the resident likes to renovate small pieces of furniture. The inspector had the opportunity to speak to the resident who lived in the apartment in the company of staff. The resident spoke to the inspector about their interests and showed the inspector around their home. The resident told the inspector that each year they complete a charity walk in different local parks and that they choose a charity each year to support and raise funds for. The resident showed the inspector a number of pictures from charity walks that they had completed over the years and different staff members who had helped them to complete their events. The resident also told the inspector that the person in charge was regularly visiting the house and had focused on the items they had requested for their home to make things easier for them. For example, the resident discussed that they wished to have greater access to transport. They discussed that their home is close to a number of amenities, however, there are times that they would like to go to later events or travel outside of Dublin and this would be made easier if they had greater access to transport. The resident discussed that the person in charge had taken this request to senior management and sought funding for a bus that could be used in the centre. On the day of the inspection the transport was in place for the centre, the resident explained that this transport is shared between all four residents. The resident told the inspector that this was manageable as residents liked to attend certain activities together but also had a booking schedule for alternative central transport if there were activities at the same time.

The resident informed the inspector that support staff were very helpful in planning big events and making sure that family and visitors were always welcome to their home and to attend important milestone events. The resident said that staff were helping them to organise a milestone birthday celebration in the coming months.

The second apartment in the designated centre was within walking distance. This apartment was home to one resident and consisted of a kitchen and dining room, large accessible bathroom, the resident's bedroom and staff office. The inspector met with the resident who lived in this apartment in the company of their staff member. The resident told the inspector that they loved their home and had plans to go away during the summer with support staff. The resident told the inspector that in recent years they had retired and were enjoying attending local retirement groups. For example, the resident told the inspector that they regularly attend local bingo groups and retirement coffee mornings. Support staff informed the inspector that the resident has a great love for music and staff would regularly support them to attend local music sessions and concerts. The resident and staff discussed how all of the residents in Cheeverstown Phoenix like music and this is an activity that they will choose to attend together in the local community.

The third premises is a single bedroom bungalow, a short drive from other premises in the centre. It was home to one resident who had recently moved into their new home. The house comprises one bedroom, large kitchen and dining area, a staff office, a bathroom and a garden to the side of the house. The inspector had the opportunity to speak to the resident and their support staff. The resident said that they had moved to their new home in March 2025 and were greatly enjoying the experience. The resident discussed that although they had wanted the move for some time it was initially difficult as they had lived with a number of residents prior to their move. However, the resident discussed that with the support of the person in charge and the staff they felt safe in their new home and they were beginning to love their new environment and local area. They told the inspector that their home is in a nice quiet street and that all of their neighbours had invited them and support staff to join them for coffee mornings. The resident told the inspector that they like to meet other residents who live in the other house and apartments of the centre for meals out and attending music shows. Support staff discussed with the inspector that the resident is continuing their transition plan to the centre by discovering new activities within their community. For example, support staff had completed a picture book with the resident which was an accessible document of the discovery process in their new community. This consisted of a picture diary of activities such as accessing local transport, visits to national museums and art galleries, music shows and shopping trips.

The fourth premises was a two story house located a short drive from the other premises in the centre. It was home to one resident and comprises one bedroom, a staff office, a bathroom, a kitchen, a sitting room and a large garden to the rear of the property. The was home to one resident, the inspector had the opportunity to speak to the resident. The resident discussed that they love living in the local area and being close to a number of public transport routes. The resident discussed that they had recently been offered a move to a new home and that they were really looking forward to the move. The resident discussed that when they were informed of the possibility of a new home they went to visit the house with their keyworker and later family. They discussed that the new house is close to their current location and within walking distance of local shops and amenities. They discussed that after

viewing the house they informed their family and support staff that they would like to start making plans to move to this location.

The resident discussed that they were in the process of finding paid employment and were working with a job coach. They discussed that they had been offered work experience in one area, however, this would not be paid employment so they have continued their search for work. The resident discussed that they enjoy a number of activities such as attending the providers campus during the week, visiting the local library, attending rugby and football matches and going out for meals with family and peers. The resident stated that they know who to talk to if they needed to make a complaint and discussed that the staff are very supportive will talk to the person in charge if they have any concerns.

During the inspection, the inspector had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting all four residents living in the centre, five staff, the person in charge, and a person participating in the management of the designated centre (PPIM). Documentation was also reviewed throughout the inspection about how care and support is provided for residents, and relating to how the provider ensures oversight and monitors the quality of care and support in this centre.

Resident meetings took place in each house on a weekly basis. The minutes of these meetings showed discussions about plans such as holidays, trips out and how on occasion, residents enjoyed playing a game at the meetings. One resident was attending bi-monthly meetings with the provider at the residents request. The inspector found that residents participated in a number of activities both within the designated centre and the wider community. One resident told the inspector that staff had supported them to join the local gym. Residents outlined how staff were supportive of their hobbies and actively participated in activities such as sponsored charity walk or visits to the gym.

Over the course of the inspection, the inspector observed that there was a warm, friendly and encouraging atmosphere in each of the areas visited. Each home was decorated in line with individual tastes and interests. The inspector had an opportunity to sit and spend time chatting with all residents and to observe them accessing a number of community activities with support staff such as visiting a local library, eating lunch out with staff and attending a retirement group. Residents were observed to be relaxed in the presence of staff and the inspector observed residents joking and laughing with staff about upcoming events and recent visits to the gym.

Residents had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions and body language to communicate. Throughout the inspection, staff were observed to be very familiar with residents' communication styles and preferences. They spent time listening to residents and residents were observed seeking them out if they required their support. Some residents told the inspector what it was like to live in the centre, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of other residents. In addition, the inspector received four resident questionnaires which had been sent out to the centre prior to the inspection

taking place. The questionnaires seek resident feedback on aspects of the service such as the staff, the premises, their ability to make choices and decisions, and meals. Three of these were completed by residents with support staff and one was completed independently by a resident. Feedback from residents was positive about their experience. One resident stated that *"I like living on my own because I get to watch what I like on the television and when I like"* and *"I like that I live near the buses and luas because I regularly go on trips out"*. Another resident described the activities they enjoy to do with peers in the centre which included going out for meals and attending music sessions in local pubs and hotels. One resident said *"I like the staff, they help me to relax on hospital appointments or visits to the doctor as I get very nervous and anxious"*. One resident discussed that *"I like to have visitors in my home and staff help me to arrange this and always offer me space when they visit"*. To gain further insight into residents' experiences, the inspector reviewed a consultation which had been held with residents as part of the provider's annual review. This also included positive feedback. The annual review highlighted a number of activities that residents like to participate in within their local community, for example, art and drama classes, local gym membership, sponsored charity walks, bowling, retirement clubs, meals out, going to the cinema, and concerts, and football matches.

In summary, residents were being supported to engage in a variety of activities at home and in their local community. They were in receipt of a service which promoted and upheld their rights.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in the centre, and how these arrangements impacted the quality and safety of the service being delivered

## Capacity and capability

This inspection was announced, and took place to monitor compliance with the regulations in order to inform a decision on the provider's application to renew the registration of the centre. The centre was not fully staffed in line with the statement of purpose with a 2.5 staff vacancy at the time of the inspection. The inspector acknowledges that the provider had attempted to fill the vacancies presented with centre staff and regular agency. However, this was not sustainable during periods of staff leave.

It was evident that both the person in charge and the person participating in management were utilising management systems to effectively monitor and oversee residents' care and support. This was evidenced by high levels of compliance with the regulations on this inspection.



The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and supervision records for all staff were maintained in the designated centre. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

#### Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider to the Chief Inspector of Social Services with their application for renewal of registration of the centre. All required information was submitted in line with regulatory requirements.

Judgment: Compliant

#### Regulation 14: Persons in charge

The inspector reviewed Schedule 2 documentation for the person in charge in advance of the inspection and found that they had the required qualifications and experience to meet the requirements for this regulation. During the inspection, the inspector found that they were present in this centre regularly and had systems to ensure oversight and monitoring in this centre.

It was evident from their interactions with residents on the day of the inspection that they knew them well. Through discussions and a review of documentation, the inspector found that they were motivated to ensure that each resident was in receipt of a good quality and safe service.

Judgment: Compliant

#### Regulation 15: Staffing

The qualifications and skill mix of staff were appropriate to the number and assessed needs of the residents. However, on the day of the inspection the centre was operating with 2.5 whole time equivalent vacancies. The inspector acknowledges that for the most part these vacancies were being managed by the completion of additional hours by full time staff and regular relief staff. The inspector identified that the person in charge and the provider was experiencing difficulties with completing upcoming rosters for the coming months with a high level of staff mandatory leave in place. The provider had completed a number of

recruitment campaigns in order to fill the vacant positions, at the time of the inspection the provider had commenced the initial recruitment checks for one of the vacant positions.

The inspector found that the centre had adequate induction systems in place for agency and relief staff. The inspector also found that the person in charge was readily available to support residents and staff in the centre. In light of the number of vacancies in the centre, the person in charge was completing additional shifts in the centre to support residents.

Staff who spoke to the inspector said that they felt very supported in their role and were able to raise concerns, if needed, to the person in charge. Staff also discussed that the positive impact for each resident since they moved to their home. Staff discussed that the single occupancy setting had a positive impact on residents well being and had further enhanced their connection with their local community.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Effective systems were in place to record and regularly monitor staff training in the centre. The inspector 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 safe administration of medication.

The inspector viewed a sample of supervision records for eight staff members which had been carried out in line with the provider's policy. These records showed that items such as training and development, roles and responsibilities and support were covered. There was evidence that where a staff member required additional supervision following an incident, that this was provided to ensure ongoing quality and safety in the service. The person in charge also completed weekly informal supervision within the centre, this focused on task specific areas such as a review of safeguarding policy, residents goals and support plans, residents rights and medication management.

The inspector had the opportunity to speak to five staff members during the course of the inspection and found that they had knowledge of residents assessed needs and were aware of residents goals and were actively supporting residents to achieve identified goals.

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

The provider had arrangements in place to ensure that a safe, high-quality service was being provided to residents in the centre. There was a clear management structure in place with clear lines of accountability. It was evident 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 person in charge and senior management were completing monthly management meetings and the provider was conducting a six monthly governance meeting for the centre which included a number of senior management members including the director of operations, the area manager, quality practice manager, health and safety officer, risk manager and social worker.

Local governance was found to operate to a good standard in this centre. Good quality monitoring and auditing systems were in place. 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 also had in place a suite of audits, which included; health and safety reviews, accident and incident trending, medication management and infection prevention and control. The inspector spoke to five support staff during the course of the inspection. Staff spoken to discussed with the inspector that the person in charge had promoted an environment of shared learning from centre audits and external stakeholder reviews. As previously discussed, the person in charge had weekly check systems in place which aimed to promote how staff implemented the learning identified from areas of training and results of audits completed in the centre.

Regular staff meetings were held, and a record was kept of the discussions and required actions. The inspector reviewed minutes of staff meetings held in March, April and May 2025 and found they contained information in relation to each resident, human rights, restrictive practices and accidents and incident trending. The presence of the person in charge in the centre provided all staff with opportunities for management supervision and support. An annual review and unannounced visits

to monitor the safety and quality of care and support provided in the centre had been completed, as required by the regulations.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had prepared a written policy on the referral, admissions, transition and discharge of residents. The inspector was provided with evidence of how the provider had followed pre-admission procedures to be assured that the centre was suitable for meeting the assessed needs of all residents. The person in charge and staff team had completed a review post admission to the centre for all residents. The inspector reviewed one resident's transition plan supporting a move to the designated centre and found that the resident had been included in the admission process. For example the resident had been given the opportunity to visit the centre prior to admission and support staff had commenced a discovery process of activities and local community groups for the resident to avail of prior to their admission. The resident and support staff had completed an accessible photo book which illustrated their transition to the centre including how they had accessed a number of local amenities and groups in their new community.

The inspector also reviewed the proposed transition plan for one resident, this transition plan documented the resident's proposed move to their new home taking into consideration the wishes of the resident and the supports from family, support staff, multi-disciplinary team and the provider that they would require to complete the transition.

The provider and staff team had completed a review of residents' assessed needs in the weeks following admission to the designated centre. This review identified both the positive and negative feelings identified by the resident during the transition process. As previously discussed the resident noted that the transition had initially been different what they had envisaged but the transition plan and support in place had benefited their move.

There were contracts of care in place for all residents. The inspector reviewed four contracts of care and found that they were signed by the residents or their representatives.

The contracts of care were written in plain language, and their terms and conditions were clear and transparent. The residents' rights with respect to visitors were clearly set out in the contracts, as were the fees and additional charges or contributions that residents made to the running of the designated centre.

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 sufficiently outlined 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 31: Notification of incidents

The inspector reviewed a record of incidents that occurred in the centre over the last year and found that the person in charge had notified the Chief Inspector of Social Services of adverse events as required under the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format and accessible to all. Furthermore, residents spoken to on the day of the inspection were aware of the complaints process and who they should talk to should they wish to make a complaint. One resident discussed that they had made a complaint in the past in relation to transport in the centre and that the person in charge had escalated their complaint to the provider until it was resolved to a satisfactory outcome. The resident told the inspector that it had taken some time to come to the outcome, however, they felt they were kept informed throughout the process and they were satisfied that it would be dealt with appropriately.

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. At the time of the inspection there were no open complaints in the centre by residents or their representatives.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were supported to enjoy a good quality of life in this centre. They were regularly taking part in activities they enjoyed and supported to make decisions about their care and support.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes.

The inspector reviewed a sample of residents' assessments and personal plans. These documents were found to positively describe their needs, likes, dislikes and preferences. They were supported by health and social care professionals in line with their assessed needs.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The person in charge had ensured that an assessment of capacity and risk assessment were undertaken with regard to residents managing their own medicines in line with their abilities and preference.

## Regulation 11: Visits

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

There was a visitors policy available to residents and visiting arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to residents and their representatives.

Additionally, there was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities with some residents participating in a number of educational and employment opportunities.

Residents were provided with opportunities to engage in meaningful activities in line with their interests. For example, residents were facilitated to participate in local retirement groups, join the local gym, host parties, go on trips and enjoy day trips, neighbourhood coffee mornings and afternoon tea. One resident had access to a job coach and was seeking employment.

The service engaged with family members as appropriate, and residents were well supported to maintain relationships with those who were important in their life.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

The registered provider had ensured that each of the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated. The person in charge and support staff had supported residents to decorate their home in line with their personal preferences. Each of the houses that made up the designated centre had been decorated by the individual residents. For example, one resident enjoyed restoring old furniture and the inspector observed that a number of these pieces had been utilised in the decorating of their home. Residents' bedrooms and areas for hosting and meeting guests were decorated with pictures of family, friends and milestone events such as significant birthdays or family weddings.

The provider had identified that one bathroom in the designated centre required refurbishment and to be made more accessible for one resident, a grant application had been sent to the relevant local authority and an occupational therapy assessment submitted.

Judgment: Compliant

## Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure.

It was evident that regular residents' meetings were occurring weekly within the centre. The inspector reviewed seven resident meeting minutes which demonstrated that residents were given the opportunity to express their views and preferences and were provided with information relating to the running of their centre, their rights, facilities available and how to access additional supports should they be dissatisfied with any aspect of their care and support. Residents also had the opportunity to attend the providers advocacy group and had access to the peer advocacy representative within the organisation and to an external advocate to escalate concerns.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems including fire detection, containment and fighting equipment. For example, the inspector observed that fire and smoke detection systems, emergency lighting and firefighting equipment were present throughout each premises in the centre.

The inspector reviewed records for 2025 to demonstrate that quarterly and annual service and maintenance were completed as stated on the above named fire systems and equipment. The evacuation plan was on display in each of the houses.

A sample of eight fire drill records were reviewed by the inspector, two from each of the premises in the designated centre. These demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each residents' support needs and a range of scenarios. The inspector noted that the person in charge and support team were completing increased fire drills with one resident while they became accustomed to their new home and the fire evacuation procedure.

Personal emergency evacuation plans for two residents' were reviewed and they were found to be sufficiently detailed to guide staff practice to support them to evacuate safely. Furthermore, the inspector spoke to four staff members during the course of the inspection and found them to be knowledgeable of fire procedures for the designated centre and supports in place for each resident.



Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector observed safe practices in relation to the ordering, receipt and storage of medicines. The medication administration records reviewed on the day of the inspection clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medicines. However, at the time of the inspection this practice was not in place for residents based on outcomes of assessed needs.

Staff spoken to on the day of inspection were found to be knowledgeable on medicine management procedures and on the reasons medicines were prescribed. Staff were also observed to be knowledgeable of the side effects that some medications may have on residents and how to respond if any of these side effects were identified in residents.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' assessments of need, and found that they were comprehensive and up-to-date. The assessments were informed by the 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. For example, the inspector observed plans on the following:

- communication
- physical and intimate Care
- mental health and well-being
- rights
- employment
- new community discovery

The provider had systems in place to track goal progress, which included; actions taken, status of the goal, any barriers identified and how the resident celebrated after achieving their goal. Residents had an assigned key worker and the inspector noted that key workers were completing quarterly reviews of resident support plans

and identified goals. The inspector reviewed accessible picture formats of goals achieved by residents. One resident showed the inspector the current discovery process of their new community and neighbourhood that they were completing with staff. They also showed the inspector pictures from their previous home including a picture book which demonstrated their farewell party with family and friends.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed two residents' positive behaviour support plans and found that they clearly documented both proactive and reactive strategies.

Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning with accompanying well-being and mental health support plans.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

At the time of the inspection there were no restrictive practices in place in any of the houses that made up the designated centre. However, the inspector found that restrictive practices and residents rights were regularly discussed at staff meetings.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Cheeverstown Phoenix OSV-0008379

Inspection ID: MON-0038661

Date of inspection: 19/06/2025

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: On the day of inspection it was highlighted that there were 2.5 whole time equivalent vacancies.</p> <p>A number of recruitment campaigns had been held to help fill these vacant positions within this centre</p> <p>1 WTE onboarded and due to commence employment on 18/08/25.</p> <p>1 position is currently being processed and awaiting onboarding.</p> <p>.5 position has been filled, commencing on the 11/08/25</p> <p>The PIC will ensure consistency of care and support for all residents in this Centre until these vacancies are filled by using regular relief staff and additional hours.</p>	

## 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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/09/2025