



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cedar Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Announced
Date of inspection:	13 May 2025
Centre ID:	OSV-0008961
Fieldwork ID:	MON-0046429

About the designated centre

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

Cedar services supports three adults who present with a mild to severe Intellectual Disability, behaviours that challenge, mental health and sensory issues. Some residents attend day services and some residents receive a service from their home. Day services are provided by the Brothers of Charity. It is a dormer bungalow situated in a rural setting. This house provides a lifelong option to residents and provides a lifelong option to residents who are supported with a staffing skill mix of social care workers, senior community facilitator and support workers. Overnight cover is provided with two sleepover staff.

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
Tuesday 13 May 2025	09:55hrs to 16:00hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Cedar provides a good service to residents. This is a new centre and was registered as a designated centre to provide care and support to three residents in February 2025. This was the first inspection of this centre and was carried out to monitor the provider's compliance with the regulations relating to the care and support of people who reside in designated centres for adults with disabilities.

This was the first time residents commenced living in residential care. All residents had availed of respite care prior to moving into the centre. Two residents currently attend day care services. One resident has a flexible social activity programme organised by the staff of the centre. This means that the resident's specific needs are met as they transition into residential care.

Residents received person centred care from a committed consistent staff team who many knew residents from day service or respite services. This was crucial to ensuring continuity of care in this service due to the assessed needs of residents. They knew the residents and their families well and were aware of the non-verbal cues expressed by residents. This was evident from observing and communicating with staff, observing residents in their home and the interaction of staff with them.

The inspector met the three residents briefly in their home when they returned from day services. The inspector observed the three staff interacting with the three residents in the kitchen-dining area. There were positive interactions between staff and residents. The inspector observed that staff were responding to residents needs; for example, one resident always went for a drive on return from day services and this was immediately accommodated. Staff explained that this assisted with managing the residents' behaviour. The dinner was home cooked by staff and one resident confirmed they enjoyed the food and it was always good. Due to the specific needs of residents the inspector spent a short period of time with residents in the company of staff. Residents had settled well into their new environment and communication systems were in place to assist residents. One resident could verbally communicate and the other two residents were non-verbal but communicated via expression and gestures supported by staff. All residents indicated that they had settled in well and happy living in this centre and contact was maintained with family members where possible. The inspector observed staff cooking a home cooked dinner in the evening for residents and confirmed that they cooked a meal every evening. Menus were decided at the residents' meetings which were held weekly. Residents were observed to be happy on return to the centre and had specific routines that they required to partake in to regularise their behaviour on return to their home. Each resident had individual support from staff who engaged warmly and easily with residents providing them with security and nurture which allayed residents' anxiety and supported them.

The inspector met with two staff, the person in charge and the team leader. One staff member spoke about how successful the transition planning was and how

social stories assisted with this planning. They worked with the residents for a substantial period of time prior to the opening of this centre and described the resident as "a different person" since they moved into the centre. Both staff described how they thought that there would be an increase in responsive behaviour by residents on moving into the centre but this had not occurred. Staff described how residents are exploring more and becoming more independent. They confirmed that they felt there was enough staff on duty to meet the needs of residents and also felt they could safely evacuate at night time if required. All residents were ambulant. The centre had access to two vehicles which means that residents could engage in individual activities. The centre transport also supported residents to attend medical appointments, attend social activities, and for any other activities such as shopping etc. The staff stated they could come and go as they pleased and when one resident was out with one staff in one of the vehicles the other staff could use the other vehicle.

The house was located in a rural setting some 10 minutes' drive from a local town. Cedar is a detached dormer bungalow which has five bedrooms, three of which are en suite, two large bathrooms, two sitting rooms, a lovely bright conservatory, dining room cum kitchen, and a utility room with a toilet and wash hand basin. The premises provided residents with space to spend time in private, as they wished. One resident used the second sitting room as a sensory room. Another resident liked to sit in the kitchen and he had a specific area in the kitchen. A conservatory was also available and a sitting room. All residents had en-suite bedrooms. The provision of good premises, two vehicles and three staff together with good governance and management systems enhanced the quality of the service delivered.

There was good garden space to the back and front of the house. It was a sunny day on the day of inspection and residents could access the garden areas freely. This also assisted with the space available to residents to have personal solace assisting with a calming environment and the management of anxiety. The centre was clean and tidy. Staff explained that they were gradually assisting residents to make the centre more personalised to them and had plans to work with residents to make the communal areas more person centred to symbolise their specific interests. Residents were engaged in activities such as walking, exercise, bowling going for coffee in the local town, or going out for a drive. The person in charge explained that residents were beginning to get engaged in the local community; for example, the park run. They attended local barbers and went shopping locally.

In summary, from what residents told the inspector and from what the inspector observed, residents had access to person-centred care and meaningful activities and were well cared for by staff. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affect the quality and safety of the service provided.

Capacity and capability

Overall, the inspector found there were good governance and management systems in place, and these contributed to the safe running of the service ensuring residents' needs were met. As this centre was registered in February 2025 there were no unannounced visits by the provider or their representative as yet. One was scheduled for June 2025. This visit was to be carried out by an area manager who was independent of the centre. An auditing calendar was in place which included audits of infection prevention and control, and accident and incidents no trends had been identified as there were too few incidents to date. This oversight was important in making sure the right action was taken to identify trends and learn from adverse events to decrease the likelihood of re-occurrence. Staff meetings were occurring. The inspector reviewed the minutes of the staff meeting of the 21 March 2025. Six staff attended and two gave their apologies. Issues discussed included the needs of residents, and issues on moving into centre, what is going well and what are the challenges. Personal outcome measures were also discussed. Minutes were available for staff to review who were unable to attend. The person in charge had regular meetings with senior personnel and regular person in charge meetings were also occurring which the person in charge confirmed that outcomes of HIQA inspections were discussed at these meetings so centres could learn from each other.

Regulation 14: Persons in charge

The person in charge worked full-time and was acting as the area manager, in addition to the post of person in charge at the time of the inspection. They were responsible for three centres which were located in close proximity to each other. A team manager was available in each centre to assist the person in charge. They were responsible for two designated centres which were located in close proximity to each other. The person in charge reported to the sector manager Roscommon services. The person in charge had the required qualifications, skills and experience and had completed relevant academic training. This gave them the required knowledge and experience to fulfil the post of person in charge and to meet the requirements of regulation 14. This enhanced the provider's governance in the centre. The person in charge displayed a positive attitude towards regulation and was clear that it was important to ensure compliance with the regulations. They voiced a person-centred approach to residents' care and were keen to ensure that residents' rights were upheld and that they had a good quality of life. They clearly outlined the process for transition of residents into this centre.

Judgment: Compliant

Regulation 15: Staffing

The provided had ensured that there were adequate staff on duty to meet the needs of residents. The inspector reviewed the staff rota from the 23 March to the 31 May 2025 and found that there were three staff on duty during the day and two sleep over staff on night duty. The inspector spoke with two of the staff who were on duty. They stated that they had worked with the residents prior to them moving into this centre in day and respite services. Staff displayed a very good knowledge of resident's needs and were aware of what was important to residents; for example, ensuring they had time alone and did regular exercise. Staff and the person in charge told the inspector that, while they had some vacancies at the moment, they had a low turnover of staff and regular agency or staff working part-time doing extra hours. When residents returned from day services, staff were observed to be responsive to any requests from residents and could interpret the residents communication well and address their needs.

Judgment: Compliant

Regulation 16: Training and staff development

All staff complete a corporate induction and a local induction of the centre they are employed in on commencing employment. The local induction included fire safety, completion of a fire drill, policies, personal planning for resident's personal goals, specific needs of residents together with safeguarding and behaviour support plans. A staff training matrix was maintained which included details of when staff had attended training. The inspector reviewed the staff training records from January 2025 to 13 May 2025. Training scheduled for May 2025 included fire safety, positive behaviour support, and manual handling. The person in charge stated that regular training was delivered to try and meet the needs of staff so as to enhance attendance. Staff training was up to date for most staff, one staff member had not completed the full fire safety training but had completed local fire training and took part in a fire drill and was always on duty will staff who had full fire safety training. All staff had completed on-line training in safeguarding and plans were in place for them to also complete face-to-face training in safeguarding. The inspector found that where refresher training was required, training was booked for staff to attend. In addition to mandatory training, staff received training related to the specific needs of residents; for example, safe management of epilepsy, safe administration of medication, and nutritional care training. Staff were supervised by the person in charge and had a formal supervision meeting annually and operated an open door for staff at any other time.

Judgment: Compliant
Regulation 19: Directory of residents
<p>The inspector reviewed the directory of residents. It detailed all of the information as required by schedule 3 para 3 of regulation 19, including the name address, date of birth, and the date on which the resident was admitted to the designated centre.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>The provider had ensured that effective governance and oversight arrangements were in place which resulted in the needs of residents being met and ensuring a safe, quality, rights-based service was delivered to residents. As part of the management structure, there were clear lines of accountability. Staff were aware of who to report incidents or concerns to. This ensured that the provider and person in charge were aware of any concerns that may have a negative impact on residents. Audits were completed to ensure the systems developed were fit for purpose. There had been an infection prevention control audit since the centre opened and a medication audit was scheduled. Staff spoken with said that they wanted to ensure that residents received a good quality service and enjoyed life. The person in charge was actively involved in the opening of this centre and regularly visited the centre to assure themselves that a safe quality service was delivered to residents. There were quarterly person in charge forums. These had an educational and briefing focus and the person in charge stated they were very useful for learning and sharing information. A quality and compliance officer was available for Roscommon and Galway services. The person in charge stated that the post had a positive aspect on the support to persons in charge and learning between services. An out-of-hours on-call service was available to staff. Staff spoken with were aware of this.</p>
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
<p>The inspector reviewed two residents' contracts of care and found they were up to</p>

date, included fees to be paid, and services to be delivered.
Judgment: Compliant
Regulation 31: Notification of incidents
The inspector reviewed notifications which the person in charge had submitted and noted these were relevant notifications as specified by the Chief Inspector of Social Services. These notifications had been submitted within the required time frames.
Judgment: Compliant
Quality and safety
<p>The inspector found that this this centre provided a safe quality service to residents. Residents were facilitated to pursue activities of their choice in their local community and in the centre. A comprehensive transition plan had been developed and adapted with regard to the opening of this centre. This assisted in a smooth and orderly transition and contributed to residents settling in well into the centre. Staff informed the inspector that they thought residents responsive behaviour may increase in the transition and admission period but found it had decreased. The systems in place ensured that residents' voices were sought and listened to and they were actively involved in their day to day choices in the centre. Residents meetings were held weekly. The inspector reviewed two most recent residents meetings. There was a set agenda for these meetings which included menu planning, activities complaints and safeguarding. Health care needs were met to a high standard and there was evidence that residents had timely access to services as required. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans. These were resident specific to ensure the safety of each resident. There was one exit out of the centre by way of the front door. The inspector spoke with the person in charge and two staff regarding fire safety. All staff on duty were aware of which exits they would use depending on where the fire occurred. The provider had a fire alarm system and fire extinguishers in place. All staff had completed fire safety training</p>
Regulation 17: Premises
The premises were laid out to meet the needs of the residents and provided a

comfortable home to residents. The building was decorated to a good standard and was homely and clean. There was ample space for three residents in the centre and each resident had space to have private time in the second sitting room or the conservatory area. Comfortable chairs were available in both sitting rooms. Residents had access to a rear and front garden which was freely accessible. Each resident had their own personalised en-suite bedroom. All bedrooms were en-suite and this assisted to maintain the privacy and dignity of residents. The house was accessible with level entry front and back doors.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were in place to identify and mitigate risks to residents. A risk register was in place which detailed risk identified and the management of these. Individual risk assessments were available in resident's files. The centre was well maintained and custom built to support the current residents which assisted with risk management. The adequacy of the staffing levels contributed to the safety of residents. A risk management policy was also in place to lead and guide staff on good risk management practices.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and evacuate residents. Fire extinguishers were serviced on the 5 February 2025. All staff, with the exception of one part-time staff, had training in fire safety. This staff had been inducted in local fire safety procedures. Personal emergency evacuation plans (PEEPS) were in place and staff spoken with confirmed that they were confident they would be able to safely evacuate at any time, if required. Records of fire drills, including night time drills, were available for review. The inspector reviewed the drill records from the 21 March 2025, 30 April 2025 and 9 May 2025. All evacuations had been completed in under three minutes.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication management arrangements. Each resident had a medication management plan which detailed medication prescribed, commencement date, rationale for use and common side effects. A medication management policy was available. Nursing support was available to the social care staff, as required, and a medication audit which would be completed by a nurse was scheduled .

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two residents' personal plans. A comprehensive assessment was completed of each resident, this detailed the resident's abilities and areas where support was required. Their preferred interests were also documented for example, 'I love to go for long walks'. 'I love to spend time in the garden, each day as this helps me to regulate and satisfy my sensory needs.' 'I don't like busy noisy environments'. These provided a good assessment of resident's needs. Some goals for residents were identified and these were linked to the specific interests of the resident; for example, regular exercise, and joining the park run. Another goal related to joining a choir. The inspector could see from observing on inspection and from daily records of residents' activities that residents had access to meaningful activities and had a good quality of life. A communication profile was documented for each resident. These outlined the communication strategies each resident used; for example, 'I will lead staff to what I want'. One resident used a picture exchange communication system (PECS) where they handed staff a picture of what they wanted. There was good evidence of enhancing the independence of the resident; for example, obtaining a non-spill jug so the resident could pour their own drinks. This meant that a resident could help themselves to a drink as they wished and not have to wait for staff to assist them. One resident had been referred to the digital assistive technology team with an aim to promote the ability of the resident to carry out everyday tasks and communicate effectively despite barriers or limitations they may have.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were well managed. There was good access to a range of health and social care specialist advice. The inspector reviewed the minutes of a multi-disciplinary team meeting held on the 18 February 2025. This was

attended by day service staff, centre staff, occupational therapy, social worker and behaviour support. There was particularly good access to dental services. Person centred health assessments were completed; for example, medication management and bowel care. Records of attendance at health and social care professionals and the general practitioner were recorded and the rationale for attending was recorded. This meant that if staff returned from leave or days off they could capture quickly if a resident had attended an appointment and why. The person in charge was aware of the residents' right to avail of screening programmes but none of the residents required access to the current screening programmes. Hospital passports were in place for all residents to assist with communication should a resident require to be admitted to the acute hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident had a behaviour support plan in place, two were reviewed by the inspector. This had been last reviewed by the behaviour specialist on the 17 April 2025 and was scheduled for review on the 30 May 2025. The inspector found that the plan clearly outlined what do to support a resident to manage their behaviour. The two staff spoke with could clearly describe how to manage the residents' behaviour and were aware of the behaviour support plan. Restrictive practices were in place in the centre. These related to environmental restrictions; for example, window restrictors upstairs and gate locked on occasions. The person in charge explained that they were hopeful the gate locks could be pared back as staff noted while monitoring residents that none of them attempted to access the road. All three residents had poor road safety awareness.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in place at the time of this inspection and the inspector did not observe any safeguarding issues throughout the inspection. The registered provider and person in charge had implemented systems to safeguard residents. These systems included staff training, ensuring all staff were aware of the contact details of the designated officer and the confidential recipient. Staff who spoke with the inspector stated that if they had a safeguarding concern they would report this to senior management and they were clear it was their duty to do this. The inspector reviewed the safeguarding policy on safeguarding residents and found that it was comprehensive and provided staff with knowledge of

safeguarding issues and how to report safeguarding issues should these occur. The person in charge was aware of their obligations with reporting safeguarding incident to the Chief Inspector and also confirmed that any safeguarding concerns would be reported to the local HSE safeguarding team. The person in charge confirmed that the provider had ensured that all staff had Garda Síochána vetting in place prior to commencement of employment. Intimate and personal care protocols were in place for each resident.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant