



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

Issued by the Chief Inspector

Name of designated centre:	Cheeverstown Community Respite Services
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	20 July 2023
Centre ID:	OSV-0008111
Fieldwork ID:	MON-0040202

About the designated centre

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

This designated centre provides respite accommodation for adults, and for children under the age of 18 years. Children and adults are accommodated separately and will not occupy the same house at the same time in this designated centre. The service supports children and adults with an intellectual disability who may have additional complexity of need including physical or mobility needs, autism, and medical needs such as epilepsy and endoscopy feeding. Training specific to additional needs are identified and supported to ensure respite team can be responsive to any changing needs. The designated centre consists of two two-storey houses in a residential area of South Dublin, both located within walking distance to shops, salons, churches, cafés, parks, playgrounds and public transport routes. All bedrooms are single occupancy and respite users have access to kitchens, dining rooms, TV lounges and accessible bathroom facilities. The staff team consists of health care assistants, social care workers and staff nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 July 2023	10:30hrs to 17:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this unannounced inspection, the inspector of social services met the residents and members of their support team, and had an opportunity to observe some of their routines and their living environment in the designated centre.

At the time of this inspection, three service users were living in one of the houses long-term as their primary residence. This required them to share the house with a large number of service users staying for short respite stays. The inspector had been advised through the complaints records, safeguarding incidents and from the residents themselves that there had been incidents in which residents had been upset or annoyed by some of the service users sharing their home. However there was evidence to indicate that this was being taken seriously by the service provider, including examples of service users who would not be accommodated in the house together going forward. One of the three long-term residents spent a few days each month away from the house. The inspector found evidence to indicate that while they were away, their clothes and personal belonging were cleared out of their bedroom into the smallest bedroom, so that respite users could have the larger bedroom. This practice is not ideal or appropriate to providing a dignified and homely living environment for residents for whom this house is their primary home. The other two long-term residents had been facilitated to personalise their home with belongings and photographs.

The inspector spent time chatting and having a coffee with the residents who lived long-term in this centre. Two of the three residents were in the process of transitioning to a new house together. At the time of the inspection, the provider was preparing the new house with the aim of submitting an application to register it to the Chief Inspector of Social Services in the coming months. The residents told the inspector, and showed photos, about how they had been kept involved and informed on the progress of their house. They had been supported to visit the house, and had gone shopping with support staff to pick their preferred soft furnishings and to ensure that tables and furniture would be suitable for use with their mobility equipment. The residents told the inspector they were looking forward to the move, and were happy to be living together in their own personal home without additional service users, though they got assurance from staff that they would be supported to stay in contact with friends they had made in this house.

In the second house residents were having lunch after returning from their day service, and spent the afternoon singing karaoke in the living room. In the main, residents appeared comfortable and were appropriately supported and encouraged by the house staff. Some residents preferred to relax in their bedrooms away from the busy areas and this was respected and residents given their privacy. This house had recently been closed for a number of weeks to carry out renovations, and one of the residents showed the inspector some new garden and playground equipment which had been installed.

The inspector reviewed a sample of house meetings in which residents planned out their week, made decisions of the dinners for the week and took part in some household chores. When residents completed their respite stay, written feedback on their time was collected, including notes on what they liked or did not like about their stay, and what they wanted different next time they come to the centre. Examples of these included respite users who wanted to be more independent with their money during their stay, wanted more varied social outings, or had preferences for peers with whom they shared their respite stay.

Easy-read explanatory guidelines were provided to support residents to understand and mitigate infection risk, and what to expect if they or someone else became ill. The provider had had recent incidents in which the centre was required to implement infectious outbreak procedures. In the post-incident review, the residents were praised on their role in following their isolation plan as instructed. The residents commented that they understood their role in keeping themselves and others safe.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control.

Capacity and capability

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

The inspector found examples of how the service provider was updating risk assessments and control measures to reflect the most recent national guidelines and recommendations for residential care settings related to COVID-19. For example, restrictions on visitors and wearing of surgical face masks was determined to no longer be mandatory unless there was a higher risk of healthcare associated infection. Risk assessments and controls related to COVID-19 were clear and detailed, but there was limited assessment or staff guidance on identifying and responding to other potential healthcare associated infections such as *Clostridioides difficile* (C.diff), methicillin-resistant staphylococcus aureus (MRSA), norovirus, or aspergillosis in light of one house being recently renovated. There were appropriate risk assessments and controls related to environmental matters such as waterborne bacteria, management of waste, and the safe handling of food, laundry or sharp objects.

Some front-line staff members had completed formal training on subjects such as proper hand hygiene, proper use of personal protective equipment, recognising and

assessing infection risk for people with intellectual disabilities, and understanding the 2018 National Standards for Infection Prevention and Control in Community Services. However a number of staff had not attended this training and the management acknowledged that some staff were overdue to have done a refresher course in some training. The provider had not identified a person with overall responsibility for the management of infection prevention and control within the houses. The person in charge had conducted infection control audits, which focused on environmental upkeep and cleanliness, but were limited on assessment of staff practices and procedures. The inspector spoke with all front-line staff on duty and there was some inconsistency on how staff would address cleaning of bodily fluids, manage soiled laundry, use clinical stock, or distinguish between material used for cleaning dirty surfaces and those for disinfecting cleaned surfaces. Some audit tools were not effective in identifying potential risk, for example sterile stock was reviewed and signed off every week as present and in-date, but when the inspector reviewed the same items, more than a dozen items were found to be past their expiration date.

However, the housekeeping staff member attached to the two houses of this centre demonstrated a good knowledge of practices and procedures related to infection control, and had addressed and sustained all audit actions which fell within the scope of their duties. Staff overall were observed following proper procedures related to hand-washing, safely disposing of clinical waste and expired medicines, and following good practices in food safety.

Quality and safety

The inspector observed appropriate practices in how household waste, food items and medicine storage was managed. Food was labelled to indicate when they had been opened so they could be disposed of when no longer safe. The premises was clean and tidy, including kitchen, bedroom and utility room spaces. The centre used a flat-mop system and the mop heads were washed and replaced daily. Mop poles and buckets were appropriately stored to be clean and dry for their next use. There was a sufficient overstock of cloths, laundry bags, hand sanitiser, soap and paper towels available in the houses.

One of the houses had recently been renovated including works to upgrade fire safety features, and replace furniture, flooring and radiators. Some finishing items remained outstanding, such as ensuring that holes for pipes were capped off, holes in tiles were filled, and flooring and edging in bathrooms were appropriately sealed. These final works would allow surfaces and environments to be effectively cleaned without holes and gaps collecting dirt, dust and debris. In some bathroom spaces, polymer cladding had been installed to allow for easy cleaning and disinfecting of walls.

Cupboards and fridges for storing medicine were clean and effectively managed.

Clinical items such as tablet crushers, blood pressure monitors, thermometers and finger pulse oximeters were clean and stored properly. Sharps such as needles, lancets and injector pen tips were disposed of in a secure container which was appropriately stored and labelled. Improvement was required regarding the proper use of single-use clinical items such as syringes, as the inspector observed evidence to indicate that staff were rinsing them with hot water or putting them in the dishwasher, instead of disposing them after use per instruction. The inspector observed a number of items in the centre's first aid packs to be past the date by which the items are no longer sterile.

The management and staff maintained records of the residents' vaccination status including winter flu and COVID-19. For the residents who lived in this service full-time, the provider did not maintain summary information which would travel with the resident in the event of a hospital transfer to outline the key healthcare needs, history with infectious illness, colonisation or vaccination status for the receiving service.

There were risk protocols clearly described for use in the event the houses had an infection outbreak to keep residents and staff safe. Information and education on how residents could practice good infection control and keep themselves safe was discussed with them through easy-read guidance. Residents knew what to do if they were required to isolate or quarantine in their home. The provider had conducted a post-event analysis following incidents in which they had to implement infection risk protocols, and these contained detailed notes on what elements of the plan worked in practice, how staff and residents performed in their role, and learning for future reference.

Regulation 27: Protection against infection

Based on discussions with staff and management, what the inspector observed during the day, and documentary evidence provided during this inspection, the provider was generally keeping residents safe in the service and maintaining a clean and healthy living environment.

Some aspects of the service required attention to ensure effective and consistent infection control practices and oversight, including, but not limited to, ongoing verification of staff attending and implementing their training, the management of sterile and single-use medical supplies, and ensuring that transfer information was available to reflect relevant risk related to infection prevention and control.

Judgment: Substantially 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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Cheeverstown Community Respite Services OSV-0008111

Inspection ID: MON-0040202

Date of inspection: 20/07/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Hospital Passports to ensure transfer information is available was completed for the three long term respite users on 30th July 2023</p> <p>Risk Assessments will be completed for the following healthcare associated infections Clostridioides (C. Diff), Methicillin-resistant staphylococcus Aureus (MRSA), Norovirus & Aspergillosis by 30th Sept 2023</p> <p>Staff will have completed their HSEland IPC training by 30th Sept 2023</p> <p>Identified IPC lead staff will receive additional IPC training to support the team by 30th Dec 2023</p> <p>Managers will complete assessment of staff IPC practices & procedures looking at items during next supervisions & will be completed by 30th Oct 2023.</p> <p>First aid box checklist will be updated to include checking expiry date of items by 30th Aug 2023</p> <p>Environmental upkeep will be completed to include holes in flooring & tiles by 30th Sept 23</p> <p>IPC audit in both locations completed 27th July & 2nd Aug respectively & actions from these will be followed up by 30th Dec 2023</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/12/2023