



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

Issued by the Chief Inspector

Name of designated centre:	Centre 3 - Cheeverstown House Residential Services
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	09 August 2023
Centre ID:	OSV-0004926
Fieldwork ID:	MON-0040937

About the designated centre

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

This designated centre is currently registered to provide 24-hour care, seven days per week, for up to 19 male and female adult residents. The centre is located on a residential campus in South Dublin. The centre consists of four residential houses primarily caring for people with an intellectual disability. The range of intellectual disability in this group covers all ranges from mild, moderate to severe/profound in nature. Some individuals have physical and sensory disabilities also. There is a full-time person in charge and the front-line staff are primarily made up of clinical nurse managers, staff nurses, care assistants and housekeepers. The service has access to a number of accessible vehicles to facilitate transport to appointments, social outings and activities in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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
Wednesday 9 August 2023	10:30hrs to 17:10hrs	Gearoid Harrahill	Lead
Wednesday 9 August 2023	10:30hrs to 17:10hrs	Karen Leen	Support

What residents told us and what inspectors observed

The inspectors had the opportunity to meet with 13 of the 14 residents living the centre, speak with their primary support team and observe interactions and routines during the day. Due to their communication needs or personal preferences some residents did not verbalise their opinions on care and support in the centre. Interactions between residents and staff were observed to be respectful and friendly, and residents were comfortable in the presence of staff members. The care provided in the centre was found to be person-centered and it was noted that staff were very familiar with residents' needs and preferences. Inspectors observed staff supporting residents who became distressed or anxious during the day with kindness and patience.

On arrival to one house two of the residents were being assisted with breakfast and greeted the inspector. One resident informed the inspector that they were going out for coffee and staff were assisting them to get ready for the day. Another resident was relaxing in a comfort chair and greeted the inspector with a handshake. The resident requested a cup of tea from staff which was promptly provided. Support staff assisted the resident to communicate to the inspector of their plan for the day and some activities with which they liked to engage, both in the centre and the local community. Staff informed the inspector that the resident had cafés and restaurants in the local community that they particularly enjoyed visiting as they were well known by the locals and it was a prime location to greet people.

In another house, some residents preferred to stay in bed later in the morning and this was respected, with staff ensuring that opportunities to get out of the house in the afternoon were encouraged. Some residents preferred to spend time in private, in their bedrooms or a sensory room. One resident chose not to speak with the inspector, as was their choice. One resident spoke to the inspector briefly about how they were waiting on an appointment that morning. The resident informed the inspector that they were happy in their home and liked the staff.

Residents enjoyed baking, shopping trips, afternoon tea and bus journeys to local towns and surrounding areas. Residents were enjoying walks on the grounds with staff and visit to the on-site restaurant. One resident had recently enjoyed a trip to the Wicklow mountains. Other community activities included museum trips and swimming. Staff told the inspectors that there had been some improvement in recent weeks in the frequency with which residents getting to their hobbies and outings was affected by staff shortages and the support needs of their peers. Staff advocated for residents enjoying their preferred activities and kept records of when they had to be cancelled, particularly if it caused upset or annoyance to the residents. Staff were also clear on how they would respond to instances of potential or actual safeguarding concern. Examples of staff speaking to management on behalf of residents about their living environment was also observed.

The inspectors had the opportunity to speak to one family member who was visiting

during this inspection. The family member was complimentary of the care and support that their loved one receives. The family member informed the inspectors that the staff kept them informed of the day-to-day care and support requirements of the resident. The staff team had supported their loved one to continue to maintain family contact during a time of changing needs and have assisted with family visits both to the centre and to the family home. The family member discussed that they would like to have a system in place for periodic meetings in relation to their loved one's care, outside of incidents of risk.

The current living arrangements for the residents in shared houses had been identified as being unsuitable for their needs, with some residents being assessed as not compatible to live together, or not suited for a busy shared living environment. There had been an ongoing trend of incidents in which residents' presentations during times of distress or anxiety had unintentionally had an impact on their peers, upsetting them, triggering distress behaviours, making their home loud and overstimulating, or disturbing their sleep at night. This risk was mitigated by a team of staff who knew the residents well and strived to keep them engaged in activities away from their home during the day. The provider manager provided inspectors with evidence of their progress in their objectives to attain more appropriate accommodation for residents this primarily affected. The provider had a long-term project in progress to ultimately move off this site entirely and transition to smaller community settings, in line with "Time to Move On from Congregated Settings: A Strategy for Community Inclusion" (Health Service Executive, 2011).

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

Capacity and capability

Overall the inspectors observed evidence that the registered provider was making progress with bringing the service into regulatory compliance, ensuring that staffing resources were sufficient and consistent, and enhancing oversight arrangements of daily tasks.

This centre had previously been inspected in April 2023 to inform the decision to renew registration of the centre. Due to the findings of that inspection the inspectors was not assured that a recommendation to renew registration could be made. This unannounced inspection took place to monitor the implementation of a quality improvement plan submitted to the Chief Inspector. On this inspection, inspectors observed areas in which the provider had successfully implemented their improvement actions, and were on schedule to address the remaining issues. Some areas of oversight related to environmental upkeep, management of equipment, and record keeping of medicines had improved.

The provider had recently recruited new personnel to fill staffing vacancies in the centre. These new staff were getting experience working in each of the four houses to determine the most appropriate placement considering the support needs of residents and skills of the new staff. The established staff team commented that these new members had settled in well. Staff noted that while there were still occasions of residents' personal, recreational or social support needs not being met due to shifts not being filled or staff being moved during the day, the frequency and level of impact of these had lessened with the additional staff resources.

Regulation 15: Staffing

Since the previous inspection in April 2023, the provider had recruited to fill vacancies equating to three full-time positions in the staffing complement. These staff were observed settling into their roles and building relationships with the service users. From reviewing staffing rosters and daily notes and speaking to staff during the day, inspectors found evidence to indicate that having a full team of staff for the whole day in the house was still a challenge. This included there being insufficient staff to meet the needs of residents when other staff were out with their peers, staff routinely working overtime hours, and a requirement for staff to swap to a different house to cover vacancies. However, the frequency and level of impact of this had been notably reduced compared to the previous inspection due to the additional staffing resources.

Judgment: Substantially compliant

Regulation 23: Governance and management

In the main, it was evident that actions to bring the provider into regulatory compliance for this designated centre were being progressed in a timely fashion and in line with commitments made by the provider following the previous inspection. Environmental upgrades and changes to practices and oversights had been implemented to address many of the issues raised on inspections in 2022 and 2023. Progress was being made in enhancing centre resources and in sourcing suitable accommodation for residents who were due to transition to new homes over the year ahead. Provider-level management personnel provided assurances and confirmation of scheduled works to inspectors for the remaining actions to be completed in the coming weeks.

Judgment: Compliant

Quality and safety

In the main, the inspectors observed substantial improvement in regulatory compliance in aspects of the service in which deficits were found in previous inspections. The provider provided evidence of quality improvement commitments being delivered on, with remaining works in progress or on schedule for the coming weeks.

Plans were in place for residents to spend short breaks with family or in holiday locations for a few days in September 2023. This would facilitate large scale works to take place without disturbing the residents. These works included upgrading, repairing or replacing fitted furniture and surfaces in kitchen, bathroom and bedroom spaces, as well as replacing damaged floor covering, broken tiles, wall cracks and holes. The interiors were also due to be painted to provide bright, fresh and clean living environments in the residents' homes. Works which could be done while residents were at home, such as fixing windows and doors and replacing furniture, had been done.

There was substantial improvement in the upkeep and cleanliness of resident equipment such as slings, wheelchairs and bathroom access equipment. Some repair was required to bath and shower fixtures which had been reported by staff. The management of sterile stock, medical equipment and clinical waste bins had also improved since the previous inspection. Fire door release mechanisms had been repaired and fire doors were no longer wedged or propped open. The management and storage of cleaning equipment such as mops and brooms had also improved.

Inspectors observed examples of how the provider was responding to potential or actual safeguarding or abuse risks. Safeguarding plans were in place related to residents who were not compatible to share a living space, and the provider was engaged in causal analysis to address an ongoing risk for one person. In a sample of responses to specific incidents of alleged or suspected abuse, there were some gaps in the available evidence that investigations had been progressed in line with provider policy. The provider committed to gathering the conclusions following this inspection.

Regulation 13: General welfare and development

There had been some improvement in residents' participation in activities in accordance with residents' interests, capacities and developmental needs since the last inspection. However, the inspectors noted that due to gaps in staffing within the houses in the centre, at times activities were cancelled due to lack of staff, planned around staff availability and the requirements of the centre for supporting residents. For example, as part of one resident's mobility support plan, two staff were required for transfers, if staff attended a social outing with residents the house was then reliant on support from other houses to provide the second staff to complete the relevant steps of the support plan. The inspectors also found evidence of staff

redeployment within the centre to support staff shortages leading to an adverse effect to residents' activities.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had contracted work to commence in September 2023 to repair and update the environment of the designated centre. This included removing and replacing damaged bathroom cabinets and fixtures, updating and repairing damaged kitchen units, replacing torn and stained floor coverings, painting or replacing rusted radiators, and carrying out plasterwork, tile work and paintwork to fill cracks and holes in the walls, and to refresh the homely appearance of the living environment of the residents' home. The residents were being supported to go on short breaks and holidays for a few days while these works were carried out.

Repair and maintenance work which did not require residents to temporarily relocate had been addressed. This included delivery of new furniture in living rooms, replacement of broken windows and bathroom ware, and replacing torn or stained blinds. Improvement was observed in how resident mobility equipment such as wheelchairs were kept clean and in a good state of maintenance.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The above scheduled repair and upgrade works included facilitating effective cleaning and sanitising of surfaces. Inspectors observed improvement in the management of sterile stock, clinical waste and resident personal equipment in bathrooms. A flat mop system had been introduced including washable heads and inspectors observed this equipment to be itself clean, dry and stored off the floor for their next use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This regulation was not assessed in full; inspectors focused on areas of previous non-compliance. Inspectors found that routine wedging and propping open of fire doors found on the previous inspection had ceased. Non-operational fire safety

equipment identified on the previous inspection had been rectified.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Staff spoken with were knowledgeable regarding the procedures for the administration of medication. The inspectors noted an improvement in medication practices within two of the houses in the centre. The person in charge had implemented a number of training and supervision systems in order to further enhance staff practice and knowledge in relation to the safe administration of medication. A medication inspection checklist was also in place which reviewed areas such as signature audit checklist and review of PRN medicines (medicines only administered as required).

Judgment: Compliant

Regulation 8: Protection

The inspectors found that the provider was endeavouring to manage and implement strategies to reduce the negative impact for service users living in environments assessed as no longer suitable, or with fellow residents with whom they were not compatible. Improvements in staff availability had facilitated residents most frequently affected to spend more time away from their home. However at the time of this inspection residents continued to be impacted negatively by compatibility issues within the centre without intent from fellow residents.

The provider had systems in place to protect residents from forms of abuse. The provider had completed screening and implemented appropriate safeguarding plans for residents where required, however the inspectors found that the provider had failed to implement all aspects of an investigation in relation to alleged or suspected abuse of residents in line with the provider's policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspectors found that residents' meetings took place and there was evidence that choices were offered to residents. Residents had access to advocacy services and were updated on information about their rights. The inspectors observed

residents to be treated with dignity and respect by staff. Staff were knowledgeable of each resident's needs, in particular to residents' communication needs and to advocate when required on behalf of residents in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Centre 3 - Cheeverstown House Residential Services OSV-0004926

Inspection ID: MON-0040937

Date of inspection: 09/08/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Active recruitment is ongoing with HR and S/N & C/A are prioritized for this centre. Workforce planning meetings will continue monthly along with separate designated centre employment control framework meetings with the Area Manager and the PIC to look and address staffing levels needs.</p> <p>The PIC will conduct regular roster reviews based on the needs of the residents to ensure enhanced quality outcomes.</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>There is active recruitment in progress against staff vacancies. Currently there is 1 HCA vacancy in this designated centre. Interviews were conducted on the 4/9/23 and recruitment was successful for a new directions full time post for the centre to support social activities goals.</p> <p>The PIC will review the roster and priorities staff available to assist with residents’ preferred community activities and outings. The PIC ensures that the rosters are completed in advance and ensures staff skill mix are matched to support identified goals</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A contractor completed a review of the properties in this centre and has broken down the following scope of works and completion dates/schedule as follows</p> <p>Sycamore 1:</p> <ul style="list-style-type: none"> • Flooring in the hallways, bedrooms, office, kitchen and laundry identified as having tears and holes, with some parts of the flooring held together with duct tape, • Walls in the bungalow were stained, damaged, or required plaster or paintwork to mend cracks and holes. • Peeling surfaces on kitchen kickboards. • Rusted radiators will be painted or replaced • Peeling surfaces on bathroom cabinets will be repaired or removed <p>Beeches 2:</p> <ul style="list-style-type: none"> • Flooring in the hallways, bedrooms, office, kitchen and laundry identified as having tears and holes, with some parts of the flooring held together with duct tape, • Walls in the bungalow were stained, damaged, or required plaster or paintwork to mend cracks and holes. • Peeling surfaces on kitchen kickboards. • Rusted radiators will be painted or replaced • Peeling surfaces on bathroom cabinets will be repaired or removed <p>Sycamore 3:</p> <ul style="list-style-type: none"> • Flooring in the hallways, bedrooms, office, kitchen and laundry identified as having tears and holes, with some parts of the flooring held together with duct tape, • Walls in the bungalow were stained, damaged, or required plaster or paintwork to mend cracks and holes. • Peeling surfaces on kitchen kickboards. • Rusted radiators will be painted or replaced • Peeling surfaces on bathroom cabinets will be repaired or removed <p>These works are on schedule to commence the 04/09/23. The scope of works will require some of the residents to transition to an alternate location. A detailed plan has been completed to support residents during these works.</p>	

Funding has been sought to support this scope of works from the HSE.	
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>Upgrade works are on scheduled to be completed by 25/09/2023 and this will ensure effective cleaning and sanitizing and improve Infection, Protection and Control within this centre</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Internal Safeguarding referral received on 29.06.2023</p> <p>Preliminary Screening meeting held on 29.06.2023</p> <p>The interim Safeguarding Plan was completed and emailed to HSE safeguarding Team on 3 July 2023.</p> <p>On 6 July 2023 the interim plan was agreed by HSE agreed and a request was made for a Formal Safeguarding Plan by 28.07.2023.</p> <p>The Formal Safeguarding plan was completed and shared with the HSE on 27 July 2023.</p> <p>On 25th August 2023 Formal Safeguarding Plan reviewed and agreed by HSE Safeguarding Team.</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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/10/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/10/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	30/11/2023

	designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/11/2023
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	30/09/2023
Regulation 08(2)	The registered provider shall protect residents	Substantially Compliant	Yellow	25/08/2023

	from all forms of abuse.			
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