

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

Issued by the Chief Inspector

Name of designated centre:	Sycamore 4
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	24 July 2024
Centre ID:	OSV-0008712
Fieldwork ID:	MON-0042642

About the designated centre

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

Sycamore 4 is a designated centre registered to provide residential care and support on a full-time basis for up to four adults with an intellectual disability as well as additional health social and personal support needs. Residents in this centre are supported by a mix of nursing and social care staff, with access to multidisciplinary services as required. This designated centre consists of a bungalow located on a campus setting in Dublin. Each resident has a private bedroom and access to living, dining, and garden facilities. The house has exclusive use of an accessible vehicle to travel into the community.

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
Wednesday 24 July 2024	10:00hrs to 17:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to assess the service provider's regulatory compliance in this designated centre which was first registered in January 2024. This inspection was announced in advance, and the service users and their loved ones were invited to provide written questionnaires on their experiences and feedback about the service. The inspector met with residents, front-line and management staff, observed interactions and reviewed support planning and guidance, as part of the evidence indicating the lived experience in Sycamore 4.

This designated centre consisted of a single four-bedded bungalow, located on a campus setting. This house was previously registered as one part of a larger centre comprising multiple houses. The provider had applied to register this house on its own with a separate management structure, in part to reduce the workload on management and provide for effective governance and oversight of individual houses. The four existing service users continued to live in this house, however the provider had committed to closing this centre to future admissions. There were long-term plans to de-congregate and close this house in line with the Health Service Executive's "Time to Move On from Congregated Settings : A Strategy for Community Inclusion, (2011)". At the time of this inspection, the provider had identified suitable accommodation in the community for one of the current residents, and this was being coordinated in consultation with the resident and their family, to be assured that they were comfortable with the move and that the proposed location was suitable to meet their needs. This resident and their family commented that they were looking forward to moving to their new home and neighbourhood. While there were no immediate transition plans for the other three residents, the inspector observed evidence to be assured that the provider was committed to ensuring that their current house remained pleasant and comfortable for as long as they called it home.

In the main, while the location has been identified as no longer suitable for the future of residential support, the house was kept generally clean and was free of hazards. Some areas of the house including bedroom spaces required general cosmetic maintenance, repainting and replaced floor coverings to ensure the living space was homely and bright, as well as to address surface damage and staining caused by a water leak. Residents each had a private bedroom and access to suitable bathroom, living room and back garden spaces. The garden was bright and featured with planter beds and outdoor seating, and was fenced off to provide privacy from neighbouring bungalows.

The inspector met all four residents during the day and observed that they were generally comfortable in their home and with their support staff. Residents had specific support needs and did not communicate using full speech, and the inspector observed staff communicating with residents and supporting them in a calm, encouraging and patient manner. The inspector spoke with staff about communication techniques and guidance for people who were less familiar with the

residents, and found staff to be knowledgeable on their communication needs, and for the most part, the communication guidance to be accurate and personalised. Support plans in general were person-centred, evidence-based and subject to review. At the time of this inspection, the person in charge and their team had identified that one person's support plans were not effective in supporting their assessed needs due to an increase in impact and frequency of risk incidents. In response to this, the person in charge provided evidence that they had escalated this matter for an expedited multi-disciplinary assessment of need, to ensure revised supports to keep the resident and their staff safe.

The inspector was provided written surveys representing all four service users. In the main, this commentary indicated satisfaction with staff, meals and the living space. Family members commented that they were facilitated to visit regularly and that the staff provided updates on the wellbeing of their loved ones. Some comments indicated that there had been quite a lot of staff shortages in the house, and that the house vehicles were often out for repairs. One person indicated that since the swimming pool on the centre's campus closed, they had not been provided with an alternative. The inspector discussed this with the person in charge, who advised that staff were scheduled to attend swimming lessons to safely reintroduce opportunities for the resident to go swimming in the community.

The inspector reviewed a sample of plans related to the personal, recreational and life development objectives of residents. In one example, a resident was supported to have more ownership of their household chores such as doing their laundry and dishes. Staff were keeping daily notes to ensure this plan was progressing and that the resident was being encouraged to continue with these tasks as part of their routine. Residents went for walks around the campus grounds during the day. Daily notes also indicated that residents enjoyed community engagement such as going shopping, to the barbers, the zoo and the cinema. The provider was in the process of taking action to support residents to attain bank accounts in their name, and during this inspection, one resident was being supported to acquire a photo identification.

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

This was the first inspection of this designated centre for the purpose of monitoring the provider's regulatory compliance. The centre was overall found to be suitably resourced with a knowledgeable staff team and an appropriate management and supervision structure to oversee day-to-day operation and quality improvement objectives.

The person in charge had been appointed three months prior to this inspection, and demonstrated good examples of how they had been escalating matters of concern which impacted on the quality of resident support. Examples of these included where the team had identified support structures were not effective for the changing needs of residents and required prompt revision, and where current personnel resources had resulted in shifts being short-staffed. Examples were observed of interim measures and risk controls being implemented in the short term. The inspector observed examples of how front-line staff were being effectively supervised, including setting out supports with their career objectives or challenges in their role, and ensuring that staff were up to date on requisite training. Front-line staff commented that they felt adequately supported by their manager and that their concerns on resident care were being taken seriously. The inspector observed examples of audits and quality reports carried out for this service, and how actions from these had been clearly identified with responsible persons and timeframes.

Staff demonstrated a good knowledge of residents' assessed needs, personalities and histories. The inspector observed encouraging and respectful interactions between staff and residents, including examples of protecting residents' dignity, understanding their communication needs, and supporting residents expressing anxiety. Residents and their representatives commented positively on the quality of care from their support staff.

Regulation 14: Persons in charge

The person in charge worked full-time in the role and held an active nursing registration and a qualification in the leadership and management of people. The person in charge provided evidence to the inspector of their experience and roles in supervisory and leadership duties in healthcare settings prior to this role.

Judgment: Compliant

Regulation 15: Staffing

At the time of this inspection, the provider had a full complement of staff as set out in the centre's statement of purpose with no vacant posts. Personnel were allocated to the centre through a panel of relief staff and staff deployed from external agencies, to cover staff holidays and absences, as well as covering shifts affected by some staff being on extended sick leave. The current impact of routine reliance on relief and agency personnel on the continuity of staff support and the quality of resident care had been assessed in the centre's risk register. Risk controls included efforts to get the same few relief staff on a regular basis, and to have support personnel working during night shifts.

Despite these risk controls, a sample of worked rosters and commentary attained from staff and resident surveys indicated that a number of day shifts could not be consistently filled. This was discussed with the person in charge, who had escalated this risk to their manager, to suggest short-term solutions such as having relief personnel allocated full-time to the designated centre to cover extended absences.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had a policy outlining the frequency with which staff were to engage formally with their line manager. The inspector reviewed a sample of minutes of meetings held between the person in charge and their staff. These meetings discussed career goals, courses the staff may wish to attend, internal training required, and where staff were experiencing challenges in their duties.

The provider had identified training required by staff working in this house. The person in charge had a means by which they could identify outstanding training by the core team in the form of a live tracker sheet, which also included personnel deployed more frequently from the relief panel so that the person in charge could be aware of their training when allocated to residents or working alone.

Judgment: Compliant

Regulation 23: Governance and management

The inspector observed there to be a clear oversight and accountability structure in effect in this centre. The person in charge demonstrated how they had carried out staff supervision and performance management of their team in the months since coming into their role. Where challenges had arisen in the service, for example in the effectiveness of resident supports or the impact of staffing shortages, the person in charge had escalated matters to senior management for review.

The provider had conducted a quality and safety inspection of the service in April 2024. The report for this visit clearly outlined areas in which the service was operating well, and areas in which improvement was required in compliance with regulations, good practice and provider policy. The inspector observed that where areas had been identified for action, such as in staff training, upkeep of resident information and risk management, these actions had been completed or were in progress at the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose composed for this centre which included information required under Schedule 1 of the regulations, and had been updated to reflect recent changes in management.

Judgment: Compliant

Quality and safety

In the main, the provider demonstrated good levels of regulatory compliance, including risk analysis, supporting resident autonomy, and ensuring residents with particular communication or personal care needs could be effectively supported. Resident support structures were reviewed based on measurable evidence, for example where risk control measures had been ineffective due to increasing the associated risk. Residents' assessed needs were subject to regular review, and in one example, the local management had requested a more immediate review based on the changing needs of a resident. Plans were developed based on assessed needs and were written in a respectful and person-centred manner.

Some action was required to address maintenance issues in this house, however the house was overall suitable for residents' needs, including residents having pleasant outdoor spaces and accessible bathroom facilities. The house was equipped with appropriate features to detect and contain fire or smoke in the centre. The provider had means by which they could be assured that residents and staff could make a timely and safe egress from the property in the event of an emergency.

Residents were being supported with recreational and social engagements and access to the community. The inspector observed examples of where the provider was seeking to enhance resident autonomy, including establishing bank accounts and supporting residents to use them, and enhancing their participation in household jobs such as doing their own dishes and laundry. One resident was in the process of transitioning out of this centre, and the inspector observed examples of how they were being kept updated on the preparations of the new house, and being afforded the chance to visit their new location to be assured they were comfortable with the move.

Regulation 10: Communication

The inspector reviewed the communication strategies used by staff to understand

and be understood by residents who did not primarily communicate using full speech. In the main, these plans were person-centred, based on evidence and staff feedback, and reflected observations of how residents and staff communicated during the day.

Judgment: Compliant

Regulation 12: Personal possessions

At the time of this inspection, the provider was in the process of acquiring bank accounts for residents' finances to which residents would have access through debit cards and bank statements delivered to their own home. The inspector observed evidence to indicate that residents had means by which they could access their own cash as required which would be further enhanced through access to these accounts.

Judgment: Compliant

Regulation 17: Premises

In the main, the premises was suitable in design and layout for the number and needs of service users, including appropriate kitchen, bathroom and garden facilities. Some cosmetic wear and tear items required attention around the house so as to retain a pleasant and homely living space. This included some areas requiring new paint, and floor covering which had been damaged due to a water leak.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

For residents with support needs related to food and fluid intake, supplemented or modified diets, or other risks related to food and nutrition, staff were provided suitable guidance on meeting these needs. Residents were supported to access meals, snacks and drinks as they wished, and the provider had plans in place to phase out restrictions related to kitchen access where the risk was sufficiently low.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

At the time of this inspection, the provider was working to progress the transition of one resident into a new house in the community. The inspector observed evidence to indicate how the resident and their representatives had been actively involved in the transition process, including notes and dates on which they were being facilitated to visit the new house and neighbourhood.

Judgment: Compliant

Regulation 28: Fire precautions

Each resident had a personal plan which described the level of staff support and equipment required to effect a prompt and safe evacuation in an emergency. These were kept up to date to reflect on any potential delays or risks arising from practice evacuation drills.

The house was equipped with features to support containment of fire and smoke, including devices allowing internal doors to be held open by choice or necessity, and automatically released in the event of an alarm trigger. The house was equipped with emergency lighting, a zoned fire alarm system and fire-fighting equipment, all of which was subject to routine inspection and certification.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine was appropriately stored and staff demonstrated a good knowledge on administering, recording and disposing of medicines. Administration records indicated that residents were receiving their medicine in accordance with their prescriptions. The person in charge kept medicine practices under review and had plans in place to ensure that all staff working in this house completed and stayed up to date in their training in the use and administration of residents' medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of resident assessments for their personal, health

and social care needs. These assessments were comprehensive, person-centred and reflective of the history and current risk associated with residents. Assessments were kept under review at least annually, with examples of where review was required sooner based on the current levels of risk and support needs. Resident support plans were composed as required from these assessments. Where residents required specialist techniques or equipment to support their assessed needs, guidance on their appropriate use was available to staff members. For support plans related to daily activities, life skills and social or recreational engagement, the staff team maintained notes as evidence that these plans were being consistently implemented. Where aspects of resident support plans had proved ineffective in their objective, notes were retained on why they had not worked and what alternatives were being considered.

Judgment: Compliant

Regulation 6: Health care

The inspector observed evidence to indicate that residents' personal plans and supports were subject to review by the multi-disciplinary team and allied healthcare professionals. Clear notes were kept on residents' healthcare appointments, vaccination records, health screenings and risks related to infection and colonisation. Regular staff checks such as records on sleep, toileting, food and fluid intake, or vital signs were recorded as required to inform healthcare assessments.

Judgment: Compliant

Regulation 8: Protection

Staff had been trained in the protection of people at risk of abuse and were familiar with the process for identifying and responding to potential or actual instances of abuse. In protecting residents from potential financial abuse, the staff had a means by which they could monitor incoming and outgoing resident money to account for how it was being used. Resident dignity and bodily autonomy was observed to be protected, for example where residents did not close the bathroom door or were in a state of undress, staff remained nearby to respond promptly in supporting them and providing privacy.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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 8: Protection	Compliant

Compliance Plan for Sycamore 4 OSV-0008712

Inspection ID: MON-0042642

Date of inspection: 24/07/2024

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: Consistent staff members has been identified from the relief panel and are rostered to this centre to help cover the extended absence. This staffing contingency plan will remain in place until all staff whom are on extended absences have returned to work.</p> <p>One of the staff who has been on extended absence within this designated centre will be returning to work by the end of Sept</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: This centre was recently painted to ensure the maintenance of the home and retain a pleasant and homely living space.</p> <p>Floor covering which was identified as requiring repair or replacement due to damaged from a leak will be assessed by a contractor and repaired or replaced.</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(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	30/09/2024
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	28/02/2025