



Office of the Chief Inspector

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

Name of designated centre:	Centre 6 - Cheeverstown Community Services (Templeogue/Kimmage)
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	20 and 21 February 2019
Centre ID:	OSV-0004129
Fieldwork ID:	MON-0023380

About the designated centre

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

This designated centre comprises of four houses, all located between two towns in Co. Dublin. The centre provides support to men and women. The designated centre has a capacity for 13 people in total. Within the centre there are three two story semi-detached residential homes and one bungalow. House one consists of three bedrooms, two toilets/shower rooms, a dining room, a sitting room and kitchen with a garden area out the back. House two consists of six bedrooms two of which are en-suite, one bathroom, a dining room, a kitchen and sitting room. House three consists of four bedrooms, one toilet and one bathroom and kitchen/dining area and a sitting room with a garden area out the back and house four consists of five bedrooms, one toilet and two toilet/shower rooms, a kitchen/dining area, a sitting room and a utility room and a garden space out the back of the house. There is accessible transport available on request for all houses. The person in charge shares their working hours between the four houses within the designated centre. There are five nurses, four social care workers and four care assistants employed in this centre.

The following information outlines some additional data on this centre.

Current registration end date:	04/10/2020
Number of residents on the date of inspection:	13

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 - 2015 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
20 February 2019	10:30hrs to 17:15hrs	Jacqueline Joynt	Lead
21 February 2019	09:30hrs to 16:00hrs	Jacqueline Joynt	Lead

Views of people who use the service

Throughout the two days of inspection the inspector met and talked with five of the thirteen residents and observed elements of their daily lives. Where appropriate, residents' views were relayed through staff advocating on their behalf. Residents' views were also taken from the centres' feedback surveys, the centre's annual review and various other records that endeavoured to voice the residents' opinions. The inspector was unable to meet with residents in one house due to a number of residents being unwell.

The residents, who the inspector spoke with, advised the inspector that they were happy with the service provided to them in this centre and happy to be living in the centre. Residents appeared to be proud to show their bedrooms to the inspector and show how they had personalised the room.

Residents advised the inspector that they enjoyed the menu choice available to them. Residents also advised that they enjoyed the many activities they were supported to part-take in. Residents advised the inspector that they got involved in, and took turns in the household tasks such as cleaning, cooking and laundry.

Overall, family feedback was positive and included comments made about the residents accommodation and how homely it was. Feedback also praised the staff and the care provided to their family members. Overall, family feedback noted that they felt the quality service and care provided to their family members was good.

The inspector observed that residents' needs were very well known to staff and management. The residents appeared very comfortable in their home and relaxed in the company of staff. The inspector observed that staff were kind and respectful towards residents through positive, mindful and caring interactions.

Capacity and capability

Overall, the inspector found that the registered provider and the person in charge were effective in assuring that a good quality service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value were taken into account. The majority of actions that were required from the last inspection had been completed. Due to a suspected outbreak of a notifiable disease, as identified and published by the the Health Protection Surveillance centre, only

three out of the four houses within this designated centre were visited during this inspection.

The inspector reviewed staff rotas and found that overall, there were enough staff with the right skills and experience to meet the assessed needs of the residents. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The inspector was advised that where relief staff were required, the person in charge always endeavoured to employ staff that were familiar to residents. The inspector observed kind, caring and respectful interactions between staff and residents throughout the two days.

The inspector saw that overall, staff mandatory training was up to date and that complementary to this other training was provided to staff to enable them provide care that reflected evidence-based practice. Where training was not in date, a schedule was in place to ensure this training was completed in the next month. The inspector spoke with a number of staff who demonstrated appropriate understanding and knowledge of procedures that ensured safe and effective care of residents.

Overall, governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a quality service. The inspector found that the service had effective leadership, governance and management arrangements in place with clear lines of accountability. Governance systems in place ensured that service delivery was effective through the ongoing auditing and monitoring of its performance. The current annual review was made available to the inspector. The provider had carried out the required six monthly visits to the centre and produced reports on the safety and quality of care and support provided in the centre.

There was evidence to demonstrate that the person in charge, was competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints. The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have. Furthermore, a number of the residents were supported to join and participate in local advocacy groups.

Regulation 15: Staffing

There was enough staff on duty to meet the assessed needs of the resident and

there was a planned and actual roster in place however, the person in charge's hours were not recorded on the roster.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were supported to develop professionally in an atmosphere of respect and encouragement. There was a new supervision policy in place and the person in charge had commenced meetings with staff in January 2019.

Not all staff training was up-to-date however, where this was the case, a training course had been organised for staff the following month.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, management systems in place ensured that the service provided was safe, appropriate to residents' needs and effectively monitored however, staff team meetings required improvements to ensure they were effective and in line with the statement of purpose.

A new system of supervision and performance management had commenced in the centre however, the provider was unable to demonstrate that all staff were had engaged in the required annual performance meetings.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose in place included all the information set out in schedule one and was up-to-date and reviewed when required.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaint policies and procedures in place ensured that the service was committed to the making, handling and investigation of complaints and that all residents and family members would be aware of this.

Judgment: Compliant

Regulation 4: Written policies and procedures

The majority of the centre's Schedule 5 written policies and procedures were adopted and implemented, made available to staff and overall reviewed and updated where necessary. However, the risk management policy was out of date since April 2017. The inspector was informed that the policy is currently under review and at draft status.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found the centre was well run and provided a warm and pleasant environment for residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of each of the resident's needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality, however, the inspector found that a number of improvements were required to ensure fire precautions implemented reflected current best practice.

The fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. For the most part there were adequate means of escape and a fire assembly point was identified for each of the houses. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Staff who spoke with the inspector were familiar with the fire evacuation procedures and the majority of staff had received appropriate training in fire safety. However, improvements were required to some of the residents' personal emergency evacuation plans. Furthermore, fire drills involving residents had been undertaken at regular intervals, however improvements were required in the area of simulated fire drills. Improvements were also required to ensure the appropriate fire containment construction was in place in one house and that a fire exit in another house was fit for purpose.

The inspector looked at a sample of personal plans and found that residents had up-

to-date plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied healthcare professionals and family members. The multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents' lives.

The residents' plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. However, improvements were required to ensure that all residents' plans were available in a format which was accessible to them.

The inspector found that residents' personal plans demonstrated that they were facilitated to exercise choice across a range of daily activities and have their choices and decisions respected. Residents were supported to be involved in their local community through day activation services either on a full or part-time basis.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. On days where residents chose not to attend day activation, they were engaged in a New Directions type programme that provided person-centred support which was tailored to meet individual need, promote community inclusion and independence. The residents were supported to live a life of their choosing in accordance with their own wishes, needs and aspirations. One of the residents talked to the inspector about their advocacy work and achievements around promoting accessible walkways in their local community.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. One resident advised the inspector about their attendance and participation in an information technology course in the local education and training centre. Another resident was involved with the local protection for animals' service where they helped out looking after the welfare of one of the dogs.

Residents were involved in the running of their house through meaningful household roles and tasks such as cooking, shopping, laundry, which in turn promoted their independence. One resident had commenced plans for having their room redecorated and was involved and consulted around the different stages of the room makeover.

Residents were engaged in a range of social and community inclusion activities including yoga and mindfulness classes, dance classes and flower arranging classes. Residents also enjoyed dining out in local cafés and restaurants. The inspector was informed by residents that they were going to a local disco that evening where they planned to catch up and go dancing with friends.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented

and reviewed by the appropriate professionals.

Overall, the inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected. Staff members spoken with, were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. The picture and contact details for the designated officer was on display throughout the three houses.

For the most part, the inspector found that the three houses were suitable to meet residents' individual and collective needs in a comfortable and homely way. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents in the houses. In most of the houses the physical environment was clean and in good decorative and structural repair however the inspector found that a number of decorative and structural improvements were required and in particular to the outside garden space in all three houses.

Procedures were in place for the prevention and control of infection. These procedures were ensured by cleaning checks in order to maximise the safety and quality of care delivered to each resident. However, the inspector found that a number of improvements were required in the centre to fully ensure the prevention and control of infection.

Regulation 17: Premises

Overall the physical environment was clean and kept in good structural and decorative repair however, the following improvements were required;

The garden space at the back of three houses was in disrepair and not fit for purpose; the dining room of two houses contained staff office equipment which took away from the homeliness of the room; external window cills in two houses required paintwork; a number of walls inside one of the houses required paintwork; and the carpet in one bedroom upstairs was badly stained and required replacing. The kitchen dining area in one of the houses required reviewing to ensure residents had sufficient space and comfort while in this area.

The provider had identified some of the above repairs and had included them in the centre's annual review for action.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents had the opportunity to live a full life without any undue restriction because of the way that risk was managed.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, protection against infection was effectively and efficiently managed in the centre however, the inspector found that the cleaning process could not ensure complete disinfection due to chipped and peeling paint on timber panelling in the hallway in one house and on a number of door frames and skirting boards in another house. Furthermore, there was mould found on the walls leading up to the skylight in one of the bathrooms. There was chipped sealing around a bathroom sink and loose grout around shower tiles in another bathroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drills were taking place and for the most part residents were aware of what to do in case of an emergency however, improvements were required in the following areas:

in one house no simulated (bed-time) fire drill had taken place with the maximum number of residents and minimum number of staff;

a number of residents' personal evacuation and emergency plans required reviewing and updating;

the mobility needs of one of the residents had not been considered in the fire and evacuation procedures;

in one building one of the rooms was not adequately subdivided with fire resistant construction as appropriate; and

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes. However, the inspector found that where appropriate, not all residents were provided with an accessible format of their personal plan.

Judgment: Substantially compliant

Regulation 6: Health care

The health and development of each resident was promoted and supported in a variety of ways including diet, nutrition, recreation, exercise and physical activities. Residents had up-to-date health care plans which demonstrated appropriate access to a GP of their choice and allied health professionals when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider promoted residents' independence and a restraint-free environment through appropriate systems which are continually reviewed.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents were facilitated to make decisions in their lives which maximised

their autonomy. However, capacity assessments, relating to self-medication and awareness of finance, were not in place for most residents.

Residents' house meetings required improvements to ensure that the content respected resident's privacy and related to matters that supported their rights, views and preferences. However, the inspector was shown a new template for residents' house meetings which was due to come on line after consultation with residents.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Centre 6 - Cheeverstown Community Services (Templeogue/Kimmage) OSV- 0004129

Inspection ID: MON-0023380

Date of inspection: 20 and 21/02/2019

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The rostering system will be updated to reflect the PIC presence in each location over the working week.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Fire safety – 4 staff completed 21/02/2019, 1 staff completed 14/03/2019, 1 staff scheduled for 10/04/2019 Safeguarding Vulnerable Adults- 2 staff completed 13/03/2019, 2 staff scheduled for 19/04/2019 Safe Manual & People Handling – 1 staff scheduled for 19/04/2019, 1 staff scheduled for 15/05/2019 MAPA - 1 staff scheduled for 19/04/2019, 1 staff scheduled for 21/05/2019, 1 staff scheduled for 20/06/2019	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC has a schedule of performance meetings with each member of the staff team. All staff will participate in their annual performance review during 2019.	
Regulation 4: Written policies and procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Risk Management Policy is currently under review. The policy is due for sign off at the Quality, Health, Safety & Risk Committee meeting scheduled for June 11th 2019 with an accompanying implementation plan. 11/06/2019</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC will submit an internal and external maintenance audit and request to the office of Director of Operations & Service Developments and Facilities, Catering and Safety manager. These requests are prioritised against the maintenance budget for the current year and the nature of the work that is required under safety, access, changing needs and other criteria that may affect a person day to day living.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The PIC has submitted an internal and external maintenance request to the office of Director of Operations & Service Developments and Facilities, Catering and Safety manager. These requests are prioritised against the maintenance budget for the current year and the nature of the work that is required under safety, access, changing needs and other criteria that may affect a person day to day living.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All residents personal emergency evacuation plans (PEEPS) have been reviewed and updated where required. Completed March 8th 2019 All residents have participated in a fire evacuation drill and a further drill is scheduled for 02/04/2019. The glass panel in one location under question was replaced and the fire certificate is available. One location has been inspected by a Senior Fire Safety Consultant with Michael Slattery Associates and found to be in compliance with Building Regulations 2006 Technical Guidance Document B Fire Safety.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

All residents are involved in their personal plans. Staff are working with the individuals to document their choices and achievements in a manner of their choosing.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Assessment tool for self-medication in DC6 has commenced with people supported.
Assessment tool for managing own money for DC6 residents in conjunction with finance department is currently being sourced and will be piloted when agreed.
A new Resident meeting template and guidance will be place for all DC6 locations.

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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	29/04/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/06/2019
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	28/06/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/06/2019
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce	Substantially Compliant	Yellow	28/06/2019

	to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
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	31/05/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	02/04/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	11/06/2019
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	28/06/2019
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	05/07/2019