Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Centre 4 Cheeverstown House Residential Services
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	28 May 2024 and 29 May 2024
Centre ID:	OSV-0004927
Fieldwork ID:	MON-0034700

About the designated centre

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

This designated centre provides 24-hour care, seven days per week for male and female adults. The centre is located on a campus residential service in the area of South Dublin. The centre comprises of three residential houses and can support fifteen residents most of whom have mobility issues, and require support with their emotional and health care needs. 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 some social care workers.

The following information outlines some additional data on this centre.

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 May 2024	10:30hrs to 18:30hrs	Anna Doyle	Lead
Wednesday 29 May 2024	10:30hrs to 18:15hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This inspection was announced following the registered providers application to register the centre. The centre is registered to accommodate 15 residents however, at the time of the inspection 13 residents lived here. This centre was last inspected in May 2023 where non compliance's were found under a number of regulations. The purpose of this inspection was to follow up on these actions so as to inform a decision to renew the registration of the centre.

The centre comprises three detached bungalows situated on a campus based setting. The inspector visited all three houses met all of the residents except one (who was not present on either days of the inspection) spoke to four staff members about some of the care practices in the centre; and other staff members over the course of the inspection. The inspector also spoke to the person in charge, the Head of Supported Living, the Director of Operations & Service Development and the Chief Executive Officer of the organisation. In addition to this the inspector observed practices, reviewed samples of records in residents' personal plans, and records pertaining to the governance and management of the centre.

The registered provider has a long term plan to move residents from all the designated centres on the campus to community settings. There was a specific committee in the organisation overseeing this project. The inspector met some of the senior management team as mentioned earlier to talk about the progression of moving residents from this designated centre to the community. It was envisaged due to the complexities of finding suitable accommodation that it would take at least three to five years for this plan to be fully achieved. This information was used to inform a decision to renew the registration of this centre.

For the purpose of outlining the lay out of the centre the three bungalows are referred to as House 1, 2 and 3 in this report. Two of the bungalows consist of a kitchen/dining/living area (House 1 and 2) and one of the bungalows has a kitchen/dining area and separate sitting room (House 3).

House 3 supported three residents on the day of the inspection but had one vacant bedroom which was being used to store medical equipment. This was an essential need in the centre due to the large amount of equipment used as there was limited storage facilities. This meant that were the provider to admit another resident to this centre it would compromise storage facilities for other residents equipment. In general this house was clean, maintained to a reasonable standard and residents had their own bedrooms. One of the residents showed the inspector their bedroom which was spacious and personalised. The bedroom had been painted last year and the resident had picked the colour themselves for the walls.

House 2 was registered for five residents and supported five residents on the day of the inspection. The premises were clean however some areas of the premises needed to be addressed or upgraded. For example; the bathroom in the centre was

used to store a equipment which meant that when residents were having a bath the equipment had to be stored on the corridor. There was a small sluice machine in this bathroom that also needed to be removed. Two of the toilets in the centre needed to be addressed as they did not afford residents privacy and dignity if two residents needed to use the toilet at the same time. Staff informed the inspector that they always ensured that residents privacy and dignity was maintained however, the layout of the toilets was institutional in nature and did not resemble a home like environment. There were also other areas of the centre that needed attention for example the living room area was dark and even in the afternoon required lights to be turned on. The inspector was also not assured that the number of bathrooms in this centre were adequate to support the number of residents living here. Notwithstanding that this could not be addressed in the short term, the registered provider needed to address this going forward. Each of the residents had their own bedrooms which were clean, spacious and had been personalised to their own individual tastes. The centre had been adapted to suit the needs of residents who had mobility needs. For example; overhead hoists were in place where residents were assessed as being required to need one. There was also an additional communal room in this centre where residents could meet families and friends should they wish to.

House 3 was registered to support six residents and on the day of the inspection five residents lived here. Again each resident had their own bedroom which was personalised to their individual preferences. For example; one of the residents did not like their bedroom cluttered or decorations on the wall. This was the residents preference which was respected. The lay out and design of House 3 was similar to that of House 2 except there was no additional communal room. However, the bathroom in the centre required an upgrade as the flooring in the shower area was uneven, which meant that when residents who required shower chairs were using it the chair was unstable due to this uneven surface. There was also black lagging on most of the pipes in this bathroom and the décor was generally tired and required updating. As with House 2 two of the toilets did not promote the privacy and dignity of the residents and needed to be addressed. The inspector was also not assured that the number of bathrooms in this centre were adequate to support six residents which was what the centre was registered for.

In other areas of all three houses remedial works were required in the premises, for example the back door in one the kitchens needed to be repainted, in another area where a floor surface had been damaged, silver tape had been placed over it to address the potential risk of falls. Areas outside of the centre for residents to sit out required attention to ensure that they were an inviting area for residents to sit out. Overall notwithstanding the fact that residents would be moving out of this centre in three to five years, works were required to the premises to ensure that they were kept in a good state of repair and were suitable to meet the needs of the residents living there.

The issues identified with the premises were discussed with senior management on the first day of the inspection and at the end of the inspection. The registered provider took responsive actions following these discussions and agreed to reduce the application to renew the registration of the centre from 15 to 13 to address

some of the concerns the inspector found with the preemies. The registered provider also provided evidence to the inspector that the issues in relation to the bathrooms would be addressed by September 2024.

In each of the three houses the staff were observed supporting all of the residents in a kind, patient and jovial manner. It was evident from talking to them that they knew the residents well and were aware of the residents' needs. For example; when the inspector was talking to one resident the staff explained to the inspector that the resident took some time to respond to questions. Another staff informed the inspector that they needed to talk to a resident standing in a specific direction in order for the resident to hear them. This informed the inspector that the staff were respectful of the way in which residents communicated.

The inspector observed that there was a nice relaxed atmosphere in all of the houses and residents were observed relaxing at times watching televison, listening to music and spending time alone in their room which some residents enjoyed doing.

Over the course of the two days the residents were involved in various activities in the community and on the campus. The centre was within walking distance of a nearby village which meant residents could walk to the local pubs and shops. One of the residents had been to an exercise class in the local football club and went for coffee afterwards. This resident was very happy on their return from this trip. Another resident went to the local chemist to buy some personal items and again was very happy on their return showing the inspector what they had bought. Another two residents went to a local shopping centre; one was having their hair done and the other was buying some personal items. They planned to meet up afterwards to have coffee. Both of the residents enjoyed going to the shopping centre and it was evident that they were good friends who liked to plan things together and had similar interests. For example; they loved getting their nails done on a regular basis and one of the residents told the inspector they liked to visit the hairdressers on a regular basis.

One of the residents was celebrating a birthday on the first day of the inspection and staff were decorating the dining room so as everyone could celebrate. The resident was making fairy cakes with staff to enjoy at this celebration. Another resident had made a birthday card for the resident.

A resident who was moving to their new community home in the coming months told the inspector that they were very happy with their new home and had visited it a few times. The resident said that they were looking forward to buying new furniture in the coming weeks for their new home. This resident had also opened their own bank account and now had their own bank card, they showed the inspector a safe where they could store their money. Residents access to their own personal finances had been an issue at the last inspection as discussed later in this report the provider was taking steps to address this.

In recent times the registered provider had changed the way in which residents could access meaningful activities. In the past a day service was operational on the

campus which residents could attend. As part of a project to promote community inclusion these day services had closed and instead community hubs were established which two residents in this centre attended. For the other residents additional staff were employed in each of the houses to support residents to have meaningful days. At the time of the inspection, this was still in the early stages of implementation meaning that there were still some issues that needed to be addressed. For example; not all of the staff could drive the transport and therefore some days community outings were not always possible. In addition to this there were still some vacancies in the centre which meant that some days a staff was not available to support community outings. However for the main, resident were enjoying more meaningful activities since the last inspection.

The inspector observed that some more meaningful activities within the centre would also benefit some residents going forward. For example; one resident who was finding it difficult to engage in community activities at the time of the inspection spent much of their time over the course of the inspection seated in the sitting room. While this may have been the residents preference due to their change in presentation, exploring other options may benefit the resident.

As stated each house had a kitchen where residents meals were prepared. Residents got to choose what meals they wanted and staff were also aware of what residents liked and disliked eating. Most of the residents required support in relation to eating and drinking. The supports residents required were outlined in their personal support plans, of the staff spoken with they were knowledgeable about the plans and over the course of the inspection were observed supporting residents in line with the care plans. However, as discussed under training, it was not mandatory for staff to complete training in feeding eating and drinking guidelines in the centre even though it was an identified need. This required review.

Over the course of the two days the inspector observed that the staff prepared and presented meals that the residents liked. For example; one of the residents liked soup most days for their lunch and enjoyed some cake or a scone afterwards. In House 2 residents were enjoying a roast chicken dinner which two of the residents said they really enjoyed. Recently a new café had been opened on the campus which residents enjoyed going to and catching up with other people. The food and drinks served here were free of charge for residents and so they regularly went over there.

Residents had weekly meetings in each house to talk about their plans for the week, meal options and information important to them like advocacy. At each meeting a small survey was also completed asking residents if they were happy or wanted to change anything about the service. This was a good example of how residents could raise concerns in the centre.

The person in charge had also collated information following a survey of residents on the quality of care provided in July 2023. Overall the feedback in this was positive and where residents had concerns or wanted changes they were actioned. For example; one resident said they wanted their bedroom painted in House 1 and

this had been completed.

Prior to the inspection the residents also completed questionnaires with the support of staff about whether they were happy with the services provided. Overall residents reported that they liked their home and got to choose things they enjoyed doing. One resident said that some days they just like ' chilling out in their home' reading magazines and listening to music. Some residents reported that they liked familiar staff supporting them.

There were no complaints open at the time of the inspection. However, a number of compliments had been recorded from family members about the care residents received in the centre. One family member said that the care provided was excellent; another said their family member was very happy since moving to this centre; and another said that they were kept informed by staff when changes occurred with their family member.

The inspector also observed from a walk around of the centre; speaking to the person and charge and a review of records that apart from the use of physical restraints to support mobility and posture issues, there were no other restrictive practices used in this centre. For example; no doors were locked, chemical restraint was not prescribed to residents and physical interventions that may require holding a resident were not used. This informed that residents that as much as possible a restraint free environment was being supported here for residents.

Overall, the inspector found that the residents appeared happy living here and were supported by a team of staff who knew them well. Improvements were required in some of the regulations particularly the statement of purpose and the premises.

The next two sections of the report outline 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 care and support provided to the residents.

Capacity and capability

Overall, the inspector found that while there was a defined management structure in place in the centre, the statement of purpose did not clearly reflect the care and support being provided in the centre. Notwithstanding the providers intention to move residents from this centre to community based settings, issues in the premises needed to be addressed to ensure that residents had a living environment that was homely and met the needs of the residents living there. Some improvements were also required in fire safety, staffing, training, general welfare and development; and residents personal possessions.

The statement of purpose for any designated centre is an important document as it sets out the care and support that the provider is required to have in the designated centre. This document forms part of the decision to register or renew the registration of a centre. However, the inspector found that this required review; the statement of purpose stated that it supported active age and older persons. However, the age profile of all of the residents did not fit this description as some of the residents were in their forties and the needs of the residents varied in each house. This required review.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in this centre. They reported to a clinic nurse manager who was also a person participating in the management of the centre. The registered provider had arrangements in place to review and monitor the care and support provided to residents. However, improvements were required to the oversight arrangements and the annual review for the centre.

From a sample of training records viewed, the inspector found that staff were provided with training in safeguarding vulnerable adults, fire safety, some infection prevention and control modules and manual handling. However, improvements were required to ensure that all staff had the necessary training to meet the assessed needs of the residents they supported in each house.

The staffing levels and skill mix in the centre included nurse, health care assistants and some social care workers. Regular on call staff were also employed to cover staff vacancies and planned/unplanned leave. As stated additional staff had also been employed to support residents access to meaningful activities. At the time of the inspection there were still some vacancies in the centre, which meant that sometimes there was not enough staff to support the residents access to meaningful activities. This needed to be addressed going forward.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre to register the centre for 15 residents. However, following the inspection and the concerns outlined regarding the premises the registered provider took responsive action and submitted a revised application to the Chief Inspector to reduce the number of residents supported in the centre from 15 to 13.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff in place to meet the needs of the residents for the most part and the skill mix of staff included nurses, social care worker and health care assistants. However, there was still some staff vacancies in the centre and a sample of rosters showed that some days in House 2 only three staff were rostered on duty which meant that residents could not go out on social outings. This did not happen on a regular basis, notwithstanding it needed to be addressed.

The registered provider responded to the changing needs of the residents and employed additional staff where required to support residents. As an example; where a resident was discharged from an acute hospital an additional staff had been employed to support the resident.

Nursing staff were employed in the centre for support and advise around the residents health care needs. As well as this a senior nurse managers were also on call 24 hours a day to support staff and offer guidance and assistance if required.

Staff spoken to had a very good knowledge of the resident's needs and said that they felt supported in their role and were able to raise concerns at any time to the person in charge.

Three staff personnel files reviewed were found to contain the requirements of the regulations. For example; references had been provided from previous employers prior to a staff member commencing employment and garda vetting had been completed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix prepared and maintained by the human resource department. The inspector found from this document that staff were provided with training in safeguarding vulnerable adults, fire safety, some infection prevention and control modules and manual handling. This included on call staff who provided supports when there were staff vacancies. Some staff had also completed additional training which the registered provider referred to as ' non mandatory'. This training included the safe administration of medicines, dysphagia and first aid. However, as discussed earlier in the report the majority of residents here had feeding eating and drinking guidelines in place and dysphagia training was not mandatory in the centre. This needed to be addressed in line with the Statement of Purpose for the centre to ensure that the training provided matched the specific

needs of the residents in each house where staff were employed to work.

As part of the registered providers annual review for 2023 they had recommended additional training be provided to staff in food safety, epilepsy and palliative care. This was due to be completed by the end of 2024. At the time of this inspection 4 staff had completed training in food safety and 8 had completed training in epilepsy. This meant the provider was addressing these actions at the time of the inspection.

The person in charge and the clinic nurse manager conducted staff supervision with staff at three times a year. This was an opportunity for staff to raise concerns about the quality of care provided and review any further training they may need. A sample of the supervision records viewed showed that staff had not raised any concerns about the quality or safety of care. Training needs were also discussed as part of this process.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge. They demonstrated a good knowledge of the residents needs in the centre and from speaking to staff it was clear they provided good leadership and support to their staff team. The person in charge also had the support of two clinic nurse managers one of whom worked on a part time basis. The person in charge reported to a clinic nurse manager 3 who was also a person participating in the management of the centre. They were not present at the inspection.

The inspector found that there needed to be a documented review between the person in charge and the clinic nurse manager 3 to assure oversight and review of the services provided. For example; while the person in charge stated that they were in contact with the clinic nurse manager 3 on a daily basis, there were no formal meetings held and recorded to assure the services were safe and monitored and reviewed effectively. This meant that there was no clear records to support how

some of the issues in the centre were being addressed at a local level to assure that actions from audits, reviews and previous inspections were being monitored, reviewed and conducted in a timely manner. As an example; a schedule was in place to ensure that local audits were conducted in a timely manner. This audits included residents finances, infection prevention and control, medicine management practice and residents personal plans.

The inspector followed up on a sample of these audits in House 1 and found that they had been completed with the exception of one which was related to infection prevention and control which had not been completed in April 2024 as planned. In addition to this at the last inspection the registered provider had not included in their Annual review for 2022 the residents or their family views on the quality of care provided. This is a requirement under the regulations. In the annual review for 2023 this information had also not been included even though the the person in charge had collated the views of residents in July 2023. This infomed the inspector that there was a need for some additional oversight required to ensure these issues were addressed.

Of the local audits conducted action plans had been developed to address any issued identified. For example, the audit on residents finances showed that the two staff needed to sign receipts. This was followed up with two staff who advised that this was the policy. The staff were also observed adhering to this policy on the day of the inspection.

A six-monthly unannounced visit to the centre had been carried out in March 2023.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A copy of the statement of purpose containing the information set out in Schedule 1 of the regulations was available in the centre and had been submitted as part of the registered provider application to renew the registration of the centre. This document required review as it did not clearly outline the services and supports provided. For example; a section of the statement of purpose stated that it supported active age and older persons. However, the age profile of all of the residents did not fit this description as the age profile and needs of the residents varied in each house. This needed to be clearly set out in this document along with the staffing arrangements; the arrangements for staff training to support the residents based on their needs and the arrangements for access to meaningful days and activities for residents based on their needs, age profile and personal preferences.

These changes were discussed with the senior managers on the first day of the inspection and they agreed to review this document and submit it once completed

with their application to renew the registration of the centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre over the last year informed the inspector that the person in charge had notified the Health Information and Quality Authority(HIQA) of adverse events as required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents looked well cared for and the staff team knew the residents well. The staff team were responding to the needs of the residents and had good oversight of the residents health care needs. Residents were being supported to have meaningful days and appeared very happy in their homes. The registered provider had addressed the actions required from the last inspection some of which were still in progress at the time of this inspection. However, as stated improvements were required to the premises, personal possessions, fire safety and general welfare and development.

Residents were being supported with their healthcare and emotional needs and had regular access to allied health professionals.

Residents were supported to have meaningful active days in line with their personal preferences and to maintain links with family and friends. Some improvements were still required in this area outlined earlier in this report.

The houses were clean but some upgrades were required to one bathroom and some of the houses required updates. The registered provider also needed to ensure that equipment stored was serviced regularly.

Fire safety systems were in place to minimise the risk of fire. However, the fire alarms in the houses were not zoned meaning that staff were unable to tell from the fire panel where the fire had broken out.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area.

There were systems in place to manage and mitigate risk and keep residents safe in the centre.

Regulation 12: Personal possessions

At the last inspection of the centre, the registered provider had been found not compliant as residents did not have full access to their own finances meaning that they did not have their own bank accounts. The inspector found that the provider had convened a steering group to look at this issue to try and resolve this. This was still in progress at the time of the inspection as it required considerable work, collaboration and actions from numerous stakeholders to achieve this for all residents. The inspector was satisfied that the provider was addressing this at the time of the inspection as four residents now had their own bank accounts in the centre.

Personal possession records were now in place for each resident showing a list of their valuables. Residents had money management plans in place to show the support they may require with managing their finances. This had been actions required from the last inspection.

Overall based on the findings of this inspection the provider was taking actions to address the issues and improvements were still being addressed by the provider to assure that all of the residents had their own bank accounts.

Judgment: Compliant

Regulation 13: General welfare and development

The residents planned meaningful activities with staff each day and planned some of their activities at weekly residents meetings.

Residents were supported to maintain links with their family and friends and on the day of the inspection one of the residents was visited by a family member.

Overall from a review of residents personal plans, communicating with residents and staff; and observing practices in the centre; the inspector was satisfied that residents got the opportunity to engage in meaningful activities in line with their preferences in the community. However some improvements were required to ensure going forward that activities in the residents homes were also explored.

Judgment: Substantially compliant

Regulation 17: Premises

Two of the bungalows consist of a kitchen/dining/living area (House 1 and 2) and one of the bungalows has a kitchen/dining area and separate sitting room (House 3). All of the residents had their own bedrooms, that were decorated and personalised. Equipment and modifications such as overhead hoists, handrails and ramps were to support people with mobility aids.

House 3 supported three residents on the day of the inspection but had one vacant bedroom which was being used to store medical equipment on the day of the inspection. This was an essential need in the centre due to the large amount of equipment used as there was limited storage facilities. As discussed earlier in this report the registered provider agreed to reduce the number of residents supported in this centre from four to three which would address this issue going forward.

House 2 was registered for five residents and supported five residents on the day of the inspection. The premises were clean and homely, however some areas of the premises needed to be addressed or upgraded. For example; the bathroom in the centre was used to store a equipment which meant that when residents were having a bath the equipment had to be stored on the corridor. There was a small sluice machine in this bathroom that also needed to be removed. Two of the toilets in the centre needed to be addressed as they did not afford residents privacy and dignity if two residents needed to use the toilet at the same time. Staff informed the inspector that they always ensured that residents privacy and dignity was maintained however, the layout of the toilets was institutional in nature and did not resemble a home like environment. There were also other areas of the centre that needed attention for example the living room area was dark and even in the afternoon required lights to be turned on.The inspector was also not assured that the number of bathrooms in this centre were adequate to support the number of residents living here. Notwithstanding that this could not be addressed in the short term, the registered provider needed to address this going forward.

House 3 was registered to support six residents and on the day of the inspection five residents lived here. The lay out and design of House 3 was similar to the that of House 2. However, the bathroom in the centre required an upgrade as the flooring in the shower area was uneven, which meant that when some residents who were using it that required shower chairs , the chair was unstable as the floor surface was uneven. There was also black lagging on most of the pipes in this bathroom, which needed to be addressed. As with House 2 two of the toilets did not promote the privacy and dignity of the residents and needed to be addressed. The inspector was also not assured that the number of bathrooms in this centre were adequate to support the number of residents living here. Notwithstanding that this

could not be addressed in the short term, the registered provider needed to address this going forward. As discussed earlier in this report the registered provider agreed to reduce the number of residents supported in this centre from six to five which would address this issue in the short term.

In other areas of all three houses remedial works were required in the premises, for example the back door in one the kitchens needed to be repainted, in another area where a floor surface had been damaged, silver tape had been placed over it to address the potential risk of falls. Areas outside of the centre for residents to sit out required attention to ensure that they were an inviting area for residents to sit out. Overall notwithstanding the fact that residents would be moving out of this centre in 3 to five years, works were required to the premises to ensure that they were kept in a good state of repair and were suitable to meet the needs of the residents living there.

The registered provider also did not have comprehensive list of records to assure that all of the equipment stored in the centre was serviced appropriately or in line with the manufacturers guidelines. This included routinely checking that PAT (portable appliances test) testing was conducted on all electrical equipment as required under health and safety regulations.

Judgment: Not compliant

Regulation 18: Food and nutrition

As stated each house had a kitchen where residents meals were prepared. Residents got to choose what meals they wanted and staff were also aware of what residents liked and disliked eating. Most of the residents required support in relation to eating and drinking. The supports residents required were outlined in their personal support plans, of the staff spoken with they were knowledgeable about the plans and over the course of the inspection were observed supporting residents in line with the care plans.

Where required there were specific records maintained to monitor and document a residents' nutritional intake.

Residents had access to a speech and language therapist to support those who had difficulties swallowing.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had an committee in the wider organisation to review adverse incidents occurring in the designated centre and review matters relating to health and safety.

A risk register was maintained in the centre which provided an overview of all current risks in the centre. These were updated as required by the person in charge.

Individual risk assessments were in place for each resident which outlined the controls in place to manage and mitigate risks. For example; where a resident was at risk of falls a risk assessment had been completed and controls were in place to mitigate these risks. The registered provider had a policy which stated that if a risk was medium or high for a resident then it should be referred to an MDT committee for review.

The transport in the centre had an up to date roadworthy certificate in place and was insured.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector followed up on the actions from the last inspection which required that medical equipment such a thermometers, blood pressure monitors and glucometers. This task had now been added to a daily check list to ensure that the equipment was clean.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, fire alarms and fire extinguishers were in place which had been serviced. For example in House 3 the equipment had been serviced in February 2024.

However, the fire alarms in the houses were not zoned meaning that staff were unable to tell from the fire panel where the fire had broken out. This meant that staff had to go and check where the fire was before they could safely evacuate the residents. In addition, on the day of the inspection it was not clear whether some of the doors were fire doors. The Health and safety officer visited House 3 on the first day of the inspection and arranged for a suitably qualified person to visit the centre to provide assurances around this. This person submitted a written report outlining that the doors were fire doors and also recommended that another door which led to the host press should have a fire door installed for fire containment. The registered provider committed to upgrading the fire panels to ensure that they were zoned in all three houses and install the appropriate fire doors on the hot press.

At the last inspection of the centre the registered provider was required to carry out s fire evacuation of the centre when only one staff was on night duty. This had been completed and a simulated fire drill concluded that residents could be evacuated in three minutes. This fire drill had also been observed by one staff member to record any learning and ensure that the fire drill was carried out effectively. The observer had also noted how long it took staff from other areas to respond to the fire alarm. Another fire drill had been conducted during the day and this had also demonstrated that residents and staff were safely evacuated from the centre in under three minutes.

One improvement was required in this area, as the fire drills did not always record which exits were used to evacuate the residents. In House 3 there where three fire exits however the fire exit at the back door was not wide enough to fit some of the wheelchairs. This needed to be reflected in the fire evacuation procedures for this house.

Staff also conducted checks to ensure that effective fire safety systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to ensure it was working and fire doors were activated.

Residents had personal emergency evacuation plans in place outlining the supports they required these were updated at least very three months or sooner if required.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A staff member were through some of the practices with the inspector in relation to medicine management practices. The staff member was knowledgeable about the reason medicines were being administered to residents and was knowledgeable about the safe administration practices in the centre. This included arrangements for prescribing, recording, storing, administering and disposing medicines in the centre. For example the times residents were prescribed their medicine was clearly recorded and staff were aware of the importance of administering medicines at the correct times. This had been an action from the last inspection of the centre.

Audits were conducted on medicine management practices to ensure that they were in line with best practice. For example; a medicine audit conducted March 2024 showed that an administration error had occurred where staff had incorrectly inserted the wrong code on the administration record and this had been followed up with the staff member.

There was a system in place to record and report adverse incidents relating to medicine management practices.

All residents had been assessed in order to establish if they could self- administer or would like to administer their own medicines. At the time of the inspection all residents required support with administering medicines.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare related needs and had timely access to a range of allied healthcare professionals, available in the organisation to include:

· Occupational Therapist

· Physiotherapist

· Speech and Language Therapist

· Positive Behaviour Support Specialist

· Consultant Psychiatrist

In the community residents had access to:

· General Practitioner (GP)

· Dentist

· Chiropody

· Optician

Additionally, each resident had a number of health care plans in place so as to inform and guide practice. The staff were knowledgeable when asked about some of the residents health care needs. Over the course of the inspection staff were observed responding to the residents health care needs in a timely manner and seeking medical advice where required for the residents.

Residents had also been supported to access national health screening services in line with their age and health profile.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Two staff who talked to the inspector were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Since last year a number of potential safeguarding concerns had been reported to HIQA from this centre. The inspector found that the person in charge and the registered provider had reported them to the relevant authorities and had taken steps to address the issues raised. For example; the registered provider had employed more staff in one of the houses to support residents where compatibility issues between residents had arisen.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- staff spoken to said they had no concerns about the quality and safety of care
- there were no complaints that related to safeguarding concerns in the centre at the time of this inspection.

The registered provider also had systems in place to ensure that residents were protected from potential incidents of financial abuse. For example; audits were conducted on residents personal finance records to ensure accuracy. A sample of these audits showed that no discrepancies were noted in the amounts of monies stored, however minor improvements in practices were required. Where improvements were required they had been addressed.

Judgment: Compliant

Regulation 9: Residents' rights

Notwithstanding the improvements required under the regulations from this inspection, the inspector found some good examples of where residents rights were respected.

Some of those examples included:

- Apart from the use of physical restraints there to support mobility there were no other restrictive practices used in this centre. For example; no doors were locked, chemical restraint was not prescribed to residents and physical interventions that may require holding a resident were not used.
- Residents had weekly meetings in each house to talk about their plans for the week, meal options and information important to them like advocacy. At each meeting a small survey was also completed asking residents if they were happy or wanted to change anything about the service. This was a good example of how residents could raise concerns in the centre.
- Residents were observed being offered choices during the inspection and as noted earlier the staff members knew the different communication styles of residents which ensured their voices were being heard.
- The Head of Supported Living also informed the inspector that the registered provider and speech and language therapists were looking at ways to ensure that residents were included more in decisions around their care and support. In particular they were looking at ways of ensuring that the will and preference of all residents was central to key decisions made about their care and support.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Centre 4 Cheeverstown House Residential Services OSV-0004927

Inspection ID: MON-0034700

Date of inspection: 28/05/2024 and 29/05/2024

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
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC will conduct a review of the staffing for this centre and any vacancies will be recruited against. The organisation has arranged a Recruitment Day on the 18/06/24 in one of the local Hotels to actively promote recruitment within the service.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Statement of Purpose and Function for this Designated Centre will be amended to reflect the training support needs of the residents within this centre.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A schedule of supervisions will be devised between the PPIM and the PIC to ensure	

oversight and review of the service within this centre.

The PIC will maintain a record of meetings held between the PPIM and the PIC to ensure that the services within this centre are safe, monitored and reviewed effectively.

Infection prevention and control audits will be completed for each location within this centre.

The voice of the residents through the Residence Questionnaires that were completed in July 23 will be reflected within the 2023 Annual Report for this centre.

Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose will be reviewed and will outline the services and support provided for this centre as noted at the time of inspection.

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
A review of the 'My Life Plans' for this centre will be completed to ensure meaningful activities are explored based on the residents will and preference and are reflected within their plans.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Recommendations during the time of inspection in relation to the overall capacity of this centre will be amended to reduce the numbers supported from 15 to 13. The Statement of Purpose will also be amended to reflect this change.

All areas that require improvement noted by the inspector to the premises of this centre will be completed as per timelines

House 2
A scope of works has been undertaken for this property to review the layout of the toilet facilities. A schedule of these works along with costing for same has been submitted to the Head of Operations who in turn will submit to the HSE for approval of funding.
The small sluice will be removed and decommissioned by 30/09/24.

House 3
A scope of works has been undertaken for this property to review the layout of the toilet facilities. A schedule of these works along with costing for same has been submitted to the Head of Operations who in turn will submit to the HSE for approval of funding.
Scope of works to the shower room will include addressing any outstanding issue in relation to the removal of pipe lagging, cleaning and painting of pipes in area by 30/09/24.
Floor remediation works required will include a level access shower area.
Painting of the back door to the kitchen area will be completed by 30/09/24.
Floor surfacing noted at the time of inspection will be repaired or replaced.

All outside areas within this centre will be improved to ensure that it is inviting for residents to sit out by 30/09/24.

The Health and Safety Officer and the PIC conduct annual Health & Safety checks within the centre and these were completed in Oct of last year. The provider will ensure through these Health & Safety checklist that electrical portable appliances are appropriately maintained or are in line with the manufactures guidelines. Any items that are noted to be damaged or faulty will be immediately removed for repair or replacement.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire Rated Door will be installed to Hot Press area in House 3 to ensure that it complies under the regulations for the containment of Fire.

Fire panel instructions for the detecting of the zone have been devised and are in place for all staff to direct them to the zones within the home. Location specific fire training will be scheduled and these new fire panel instructions will be included within same.

Three Fire drills were conducted within this centre post inspection to ensure that the risks identified from an evacuation perspective were addressed and all service users were able to exit via all exit routes.

Fire Drill recording sheet has been amended to reflect exit route at time of evacuation

All residents PEEP's and fire evacuation plans have been reviewed and updated.

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	31/08/2024
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 16(1)(a)	The person in charge shall ensure that staff have access to	Substantially Compliant	Yellow	21/06/2024

	appropriate training, including refresher training, as part of a continuous professional development programme.			
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.	Not Compliant	Orange	31/12/2024
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Not Compliant	Orange	13/07/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2024
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	30/06/2024

	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/06/2024
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(3)(a)	The registered provider shall	Substantially Compliant	Yellow	31/08/2024

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	26/06/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	21/06/2024