



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 (Senior Citizens)
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Short Notice Announced
Date of inspection:	13 May 2021
Centre ID:	OSV-0004927
Fieldwork ID:	MON-0032311

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 up to 18 male and female adults. The centre is located on a campus residential service in the area of South Dublin. The centre comprises of four residential houses on campus primarily caring for the active age and senior citizen group who have an intellectual disability. The range of intellectual disability in this group covers all ranges from mild, moderate to severe/profound in nature. Some individuals have physical and sensory disabilities also. There is a full-time person in charge and the frontline staff are primarily made up of clinical nurse managers, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Thursday 13 May 2021	09:30hrs to 17:30hrs	Gearoid Harrahill	Lead
Thursday 13 May 2021	09:30hrs to 17:30hrs	Valerie Power	Support

What residents told us and what inspectors observed

From meeting and speaking with residents and their family members, observing the atmosphere and interactions in the houses and reviewing documentation, the inspectors were provided with evidence indicating that overall residents enjoyed a good quality of life in their home. Residents felt safe and supported, and were encouraged and facilitated to pursue their individual and separate routines, hobbies and personal projects. The houses visited by the inspectors had a relaxed atmosphere and residents generally got along with one another and with their support staff.

Inspectors visited two of the four houses which made up this designated centre, meeting and briefly speaking with the residents, alone or with support from staff. A number of residents had filled in questionnaires the day before the inspection in which they commented on their experiences living in the designated centre.

From observing the interactions of residents and staff, it was clear that staff knew the residents and their individual preferences and needs, and had developed caring and respectful relationships with residents. The inspectors observed staff offering choice to residents, supporting residents to participate in activities, and to speak with the inspectors in line with their communication needs.

One resident was being supported by a staff member to have their nails painted, and showed the inspector the array of nail varnishes from which they had chosen their preferred colour. The resident also told the inspector about new clothing they had recently bought. It was clear that this resident took great pride in their appearance, and was supported by staff to do so. One resident was resting in their bedroom listening to music on their tablet computer, which was set up to allow the resident to easily use it and to sing along.

Two residents had gone out for a drive with the support of staff at the time the inspector visited their home. The inspector was informed by staff that residents took turns availing of transport to access the community, since the availability of vehicles, and staff who were appropriately trained to support residents while using these vehicles, was somewhat limited. The provider had also identified this limitation in their own review and from managing resident complaints, and was working on addressing this so that residents could avail of community outings when social restrictions eased.

One resident had recently started living alone instead of with peers, and they commented that they were much happier with this arrangement, having their own private space and making their entire home and garden their own to personalise and use for their projects and gardening work.

Residents had personal electronic devices, and residents and staff told the inspectors how residents were using these to keep in contact with friends and family

regularly while public health restrictions were in place. Family members who spoke with inspectors commented that the staff were great at making sure that regular phone and video calls took place and families were kept up to date on how their loved ones were getting on. Some family members had been able to meet with the residents safely in the gardens.

Residents commented that they were looking forward to when their favourite restaurants, pubs, libraries and cinemas reopened in the community. Residents wanted to return to going shopping, going to mass and going to the hairdressers. Some residents commented that they were enjoying their time in the houses to work on baking and gardening, watch movies, and attend online social events arranged by the provider.

Overall, the houses visited by inspectors were comfortable, bright, warm, and had a peaceful atmosphere. All areas of the home were accessible to residents. The facilities and mobility equipment provided were suitable to meet the needs of all residents who lived there, however, improvement was required in some areas to allow equipment to be stored in suitable locations rather than bathroom spaces. Some areas of the houses were not in a good state of general maintenance, including damage to walls, doors and frames, paint and plasterwork. Some bedroom furniture such as wardrobes and dressers were damaged with peeled surfaces and crooked doors. This impacted upon the homely appearance of the house. The majority of maintenance works, however, had been identified by the provider and were scheduled to be addressed in the coming months. The provider had also identified ways in which the houses could appear more attractive, such as moving the outdoor bin areas further away from the houses and gardens.

The planned menu for the week was on display on a whiteboard in the kitchen. Staff told the inspector that residents chose to get their main meal each day from the provider's central kitchen on campus, and had a choice of options available to them. Other meals and snacks were prepared in the home with the support of staff, according to each individual's preferences and needs. Residents had a house meeting each weekend, at which they agreed the menu for the week ahead.

Residents and their families commented positively on the staff support in the houses and how they respected their choices and routines, including times for meals, going to bed and going out around the campus and the local community. Residents and families commented that they had a good relationship with staff and that they were happiest on days in which they were supported by familiar staff who knew them best.

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

Capacity and capability

Overall, the inspectors found that residents were being supported in the service and their feedback and experiences were being incorporated into the operation of the designated centre. Some aspects of the service required improvement including quality of premises, consistency of staffing resources and access to the transport system. However, through the provider retaining oversight of systems and resources in these houses, the majority of matters identified were known to the provider and were at various stages of planning to address same.

The registered provider had conducted unannounced inspections and audits of the designated centre in accordance with their schedule and regulatory requirements. While implementing suitable infection control systems was an important feature in 2020, the provider had also retained meaningful oversight of other important aspects of the service including quality of care planning, accuracy of medication records, staff performance management, and the timeliness of resident referrals, appointments and key working sessions, to ensure these continued to be met in light of the challenges posed by COVID-19 pandemic. The provider had completed a detailed annual report for the service in 2020. This reflected on key achievements of the service throughout the year, including educational and development opportunities for residents and staff, general success in keeping residents and staff safe during the ongoing health emergency, and positive commentary on how residents were supported to stay in contact with friends and family remotely during the restrictions on visits. The provider had also identified opportunities for service enhancement and areas in need of improvement to provide engaging, consistent and effective support for the residents. These actions formed a quality enhancement plan for 2021, including increasing access to transport, and delivery of suitable recreational activities, retirement programmes and personal goals and projects, in line with residents' support needs and preferences.

At the time of the inspection there were three staff vacancies in the centre, and the provider management were in the process of recruiting to fill these. A review of staff rosters for the months prior to the inspection showed that staffing levels were maintained at the required numbers overall, despite these vacancies. Management had also made arrangements to minimise the impact of staff vacancies on residents, by ensuring that consistent staffing was prioritised in houses where residents would be most affected by staff not being familiar with their support needs. However, in two of the four houses in the designated centre, relief staff and agency staff were required to cover a high proportion of shifts (15-20%) in order to maintain adequate staffing levels, which impacted on the continuity of effective support delivery. This was in addition to core staff being supported by personnel who had been redeployed from services which were inactive due to COVID-19. Agency staff were also not named on rosters to have a clear and complete record of who worked in the designated centre and when.

Staff had attended training as required by the regulations, as well as skills and competencies identified as required to most effectively support this designated centre's residents, such as supports for people with autism, dysphagia or mobility assistance. Where staff were due to attend refresher training sessions these had

been scheduled for the coming weeks. The provider had identified a need for staff training in driving the service vehicles to maintain recreational and community options for residents. Staff supervision meetings and annual performance reviews were taking place in line with the provider's policy. Sample records of supervision and performance review meetings were reviewed and found to be thorough and resulted in clearly documented actions of how staff would be supported by their respective line managers to effectively fulfil their duties and support the residents.

A clear and accessible complaints procedure was available to residents. Records showed that staff supported residents to make complaints, and complaints were dealt with promptly. Documentation also showed that actions were taken in response to complaints, and meetings with complainants took place to discuss the outcome.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of the designated centre within the required time frames.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse who works full-time in this designated centre. They are suitably experienced and qualified for the role.

Judgment: Compliant

Regulation 15: Staffing

Inspectors noted that in some houses of the designated centre, there was a high level of reliance on relief or agency staff required to meet the required complement of staff resources, impacting on resident continuity of support and the consistent delivery of the activities programme.

Names of personnel working in the designated centre were not consistently recorded on duty rosters.

Judgment: Substantially compliant

Regulation 16: Training and staff development
It was identified that residents' access to transport to the community was impacted by an insufficient availability of staff trained to drive the service's vehicles.
Judgment: Substantially compliant
Regulation 22: Insurance
The provider had valid insurance against personal injury and property in place.
Judgment: Compliant
Regulation 23: Governance and management
The provider had maintained a good level of oversight of the operation of the service, its resources and resident feedback to identify and set out plans to address areas identified as being in need of enhancement or improvement.
Judgment: Compliant
Regulation 3: Statement of purpose
The provider had composed a statement of purpose which laid out the information required under Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The provider had notified the chief inspector of events and practices in the designated centre within the required timeframes.
Judgment: Compliant

Regulation 34: Complaints procedure

Residents were advised and supported to make complaints and where they had done so, the provider had made efforts to resolve the issue and ensure the complainant was satisfied with the action taken.

Judgment: Compliant

Regulation 4: Written policies and procedures

A number of the centre's policies and procedures were overdue for review.

Judgment: Substantially compliant

Quality and safety

The inspectors found that residents' wellbeing and welfare was supported and that amendments had been made to their care, support and personal objectives in the home and in the community in light of the routine changes caused by the COVID-19 pandemic. The inspectors found evidence that the decisions, objectives and support planning in the designated centre was conducted in consultation with the residents and that they were facilitated to access and provide input to plans made related to them, in accordance with their capacity and interest to participate. Overall, the houses were safe and suitably laid out for the use of the residents though some areas of the upkeep and space of the houses were in need of improvement based on the findings of the inspectors and of the service provider.

The inspectors reviewed a sample of personal plans for residents living in each of the houses and found these plans to be detailed, easy to read, and highly personalised to each resident. Content in the personal plans was relevant to their assessed needs and personal goals, and the plans were kept under review on an ongoing basis, with input from the residents, their representatives, and relevant health and social care professionals. Residents had concise and evidence-based assessments and planning on supports including mobility and falls risk, effective communication techniques, nutrition, hygiene and continence care, skin care and pain management. Where residents exhibited behaviour or expressions of distress or anxiety which may create a risk to themselves or others, some improvement was required to ensure that staff guidance on supporting residents was person-centred and tailored to their specific needs.

Where required, residents had advanced care directives which outlined in a sensitive and respectful manner the residents' wishes and choices in the event that they become acutely unwell. Inspectors found evidence that residents had timely access to relevant health professionals when required. Residents over 65 years of age had been supported to receive their full COVID-19 vaccine at the time of inspection, with other residents having got their first dose. The staff supported the residents to understand what to expect and have the information needed to make informed consent on receiving this vaccine.

Residents were accommodated in four houses in a campus setting. Each resident had their own private room, which was decorated to their preferences, with sufficient storage for their belongings, and could safely navigate around the house and communal living rooms, dining areas and gardens. Some areas of the houses inspectors visited were in need of repair and maintenance. This included damage to walls, doors and door frames, tiles and grout, bedroom furniture, and exposed concrete and pipes where a bathtub had been removed. While the premises work did not cause an immediate injury hazard or impede the navigation of residents, it impacted upon the pleasant homely appearance of their house and bedroom. Rough, damaged and peeled surfaces also impacted upon their ability to be effectively cleaned and sanitised against infection risk. The inspector also observed that shower chair and commode devices in bathrooms were rusted with torn upholstery. The provider was also in the process of improving storage space in the house, as well as rearranging the outdoor waste area so as to improve the appearance of the house and garden.

The house was equipped to effectively detect, contain and extinguish fire in the event of emergency. Houses were equipped with devices to close doors in the event of alarm, and emergency lighting and signage to guide a swift evacuation. The provider had assured themselves that evacuation could be done efficiently and safely through regular simulated and actual drills. All equipment was serviced and tested within the required timeframes.

Residents were supported to provide feedback, make suggestions and be consulted in the running of the houses and to make choices on their supports and routines. Residents could avail of weekly house meetings. Brief questionnaires for each resident were included as part of these weekly meetings to ensure that all residents, regardless of their preferred or assessed communication styles, had the opportunity to express their opinions on aspects of their home that they felt were good or could be improved. Inspectors found evidence of how residents planned out their meals, activities, outings, events such as birthdays, and got news on the status of the visiting and community restrictions. Residents had access to advocacy services if required, with contact details made available.

The provider utilised some restrictive practices, mainly for safety reasons. Inspectors found that for each measure utilised, it was kept under review, its rationale regularly reassessed, the residents was supported to make informed consent, and where the measures were no longer effective or required, they were discontinued or reduced as necessary. The provider made referrals to the rights review committee where relevant, and inspectors found examples of how recommendations from this referral

were incorporated into care and support planning.

Regulation 17: Premises

Some areas of improvement were required in the houses regarding maintenance, repair and equipment storage.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Damage to surfaces, as well as to equipment shared by residents impacted upon their ability to be effectively cleaned and sanitised.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The premises were suitably equipped to contain, detect and extinguish fire. Staff and residents had practiced evacuation to identify any potential delays or challenges to getting out safely.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, care and support plans were evidence-based, provided clear guidance and were kept under regular review to ensure they were accurate and effective to guide staff on support delivery.

Judgment: Compliant

Regulation 6: Health care

Residents had access to their doctor and other health professionals as required.

Advanced care directives were established where required, and residents were supported to consent to and receive their COVID-19 vaccine.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some improvement was required on staff guidance to support residents with distress and anxiety to ensure it was person-specific and tailored to effective support strategies.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors found evidence to indicated that residents' choices and wishes were respected and that they were consulted on matters relating to their care and the running of their house.

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 - 2015 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Centre 4 - Cheeverstown House Residential Services (Senior Citizens) OSV-0004927

Inspection ID: MON-0032311

Date of inspection: 13/05/2021

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 names of all staff including agency staff will be included on the actual roster. One S/N appointed for vacancy. The 1.5 WTE vacancies are in the recruitment process.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Referral to Cheeverstown HR training and development to schedule driver competency training for staff on safe driving for work. Designated center 4 has increased staff available to drive while in work by one and three more staff are in process.	
Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 Cheeverstown House Policy Committee has commissioned a number of subgroups to review the policies that are out of date. When the reviews are completed we will ensure that the relevant policies are reviewed at intervals of not less than three years in line with best practice

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Environmental audit has been completed by PIC and Housekeeping Manager and a schedule of works has been documented and forwarded to the operation managers to complete the estimated costs and timeline.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 One new shower chair has been ordered through the OT department.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 Each person who requires a multidisciplinary review for an update of the documentation of their support plan during episodes of distress will be completed.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	13/08/2021
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	02/07/2021
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	Substantially Compliant	Yellow	13/08/2021

	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.	Substantially Compliant	Yellow	29/08/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	05/11/2021
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	09/07/2021
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	Substantially Compliant	Yellow	30/09/2021

	years and, where necessary, review and update them in accordance with best practice.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	27/08/2021