



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

Issued by the Chief Inspector

Name of designated centre:	Cheeverstown Community Respite Services
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	13 April 2022
Centre ID:	OSV-0008111
Fieldwork ID:	MON-0035380

About the designated centre

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

This designated centre alternates between providing respite accommodation for adults and for children aged 6-17 years. The service supports children and adults with an intellectual disability who may have additional complexity of need including physical /mobility needs, autism, and medical needs such as epilepsy and endoscopy feeding. Training specific to additional needs are identified and supported to ensure respite team can be responsive to any changing needs. The designated centre consists of two two-storey houses in a residential area of South Dublin, both located within walking distance to shops, salons, churches, cafés, parks, playgrounds and public transport routes. All bedrooms are single occupancy and respite users have access to kitchens, dining rooms, TV lounges and accessible bathroom facilities. The staff team consists of health care assistants, social care workers and staff nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 April 2022	10:00hrs to 18:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with six of the seven service users staying in the designated centre on the day of this unannounced inspection, as well as observe routines and activities of residents, alone or with the support of centre staff members.

This designated centre was newly registered in December 2021, and consisted of two houses in a residential area of South Dublin, one of which was new, and one which previously operated as part of another designated centre. Both houses accommodated residents in private single bedrooms, including downstairs bedrooms equipped to safely accommodate residents with higher mobility support requirements.

The inspector observed evidence indicating that residents were supported to spend their day based on their choices and preferences, and to continue with the life skills, hobbies, work and activities they pursued as part of their usual routine. One resident was supported to attend their place of work during the day, and proudly told the inspector about their employer and responsibilities. Other residents attended their preferred day service or went swimming during the inspection. In the afternoon, some residents went to the local supermarket to get groceries and were supported to prepare their dinner. Residents in one house showed the inspector some hand-made greeting cards they had made for Easter, and showed photos of baking sessions for St Patrick's Day. Residents were observed watching films, working on jigsaws and crosswords during the day. Some residents chose to be alone or to relax in private and this was respected.

The inspector observed a generally busy and comfortable household, with friendly, supportive and appropriate interactions between residents and staff. Staff exhibited a good rapport with residents, and could be heard chatting and joking with them during the day, and were knowledgeable of their support needs, personalities and preferences. Good practice was observed when staff were speaking with residents, or supporting communication between residents and the inspector, including giving residents time to be heard and understood in an unhurried fashion and in a communication style which was appropriate to their needs.

While the service was intended to accommodate service users for short stays of up to a week at a time, at the time of the inspection, two residents were being accommodated on a full-time basis for a number of months due to emergency circumstances. The provider acknowledged that this was not ideal or appropriate as a long-term arrangement for the service model or the residents involved, and were actively investigating options for more suitable permanent accommodation. These residents told the inspector they liked the house, felt safe with the staff and generally got along with the service users staying on respite. The provider had measures in place to mitigate the risks related to these residents having constantly-changing peers with whom they may not always be compatible. These included

house meetings held with each new intake of respite users, which provided the full-time residents and short-stay residents an opportunity to get to know each other.

These house meetings were also used for residents to proffer suggestions on what they wished to do during their stay, including activities for which the staff could arrange accessible transportation. Recent examples of this included residents going bowling and to the cinema. Meals were also planned at this meeting, including preferences for a takeaway meal at the weekend.

After each stay, residents were offered to fill a simple survey of what they enjoyed on their stay and if there was anything they would like to be arranged or done differently on their next visit. The inspector was provided examples of these surveys and how they would be used to tailor the routines to their users, and attain feedback on the resident experience as part of their quality of service reviews.

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

Capacity and capability

The inspector found evidence to demonstrate that the service provider had suitable governance and management arrangements in effect to ensure the designated centre was suitably resourced based on the constantly-changing needs and combinations of residents attending the service. Structures were in place for auditing the quality and safety of the service and planning actions to enhance the service on an ongoing basis.

The person in charge was on leave at the time of this unannounced inspection, and staff were clear on who was leading the shifts in the houses, and available for management support. Staff were aware of the on-call arrangements in place for out-of-hours support or incident reporting. Staff spoken with or observed on inspection evidenced good overall knowledgeable of their roles and responsibilities in the operation of the centre and in delivering the support needs of residents. The inspector was provided evidence of how staffing resources were determined based on the assessed needs and combination of the adults or children scheduled to attend, including people requiring two-to-one support or staff with specific skills. There were some vacancies in the full staffing complement for which the provider was in the recruitment process, and the resources were supplemented by relief and agency personnel. Some improvement was required in the worked rosters of the designated centre. In a sample of six weeks provided for review, there were a high number of shifts worked which did not identify who worked the shift. This also made it difficult to determine if continuity of staff support was effectively maintained on days where contingency personnel were used.

The provider had a policy in place for the recruitment, training and supervision of staff in the service. As a number of new personnel had commenced in the service since opening, the inspector found evidence of robust induction and probation review structures in effect to ensure they were effectively introduced to the processes and procedures of the service. Staff who spoke with the inspector highlighted the challenges associated with short-stay services but felt confident on the support from their line managers and colleagues in delivering care and support to the residents. Newly-recruited personnel were scheduled to attend their probationary review with their manager over the coming months. However, some improvement was required to ensure that the rest of the team were scheduled to attend formal supervision and performance management sessions in line with provider policy. The respite services steering group met regularly to provide oversight of matters such as staff recruitment, premises upgrades, regulatory compliance, infection control guidance, and strategies related to returning the service to providing short-stay support for their clients.

Regulation 14: Persons in charge

The person in charge worked on a full-time basis and was appropriately experienced and qualified in their role.

Judgment: Compliant

Regulation 15: Staffing

Support staff were knowledgeable on their role and responsibilities, and had a good rapport with the service users throughout the day. The inspector found evidence demonstrating how staffing resources were planned in accordance with the needs and combinations of residents due to attend the service. Some development was required to ensure that the record of staff who worked shifts in the service was complete and accurate.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had suitable measures in place to provide good governance and oversight of the service operation, the ongoing improvement and development of the service, and plans in place to respond to identified challenges and audit findings in the service. Suitable probation and induction arrangements were in effect for new

members of staff, with some review required to ensure that existing staff are also supported through the supervision and performance management and professional development programme in line with provider policy.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The service users accommodated in the designated centre during this inspection did not have a written contract agreed with the provider detailing the services to be provided.

Judgment: Not compliant

Regulation 3: Statement of purpose

The designated centre had a statement of purpose available which contained information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy and reporting structure in place for receiving, reporting and responding to complaints.

Judgment: Compliant

Quality and safety

The inspector found evidence demonstrating how the provider and front-line team were supporting resident choice, safety and dignity during their stay. Since the service was registered in December 2021, the inspector found examples of the provider taking action to upgrade parts of the centre and commission works for further enhancing the premises, to provide a safe, homely and inviting house for the residents.

The provider had recently replaced kitchen cabinets, sitting room furniture, and flooring, to update and modernise old and worn areas of the centre. The gardens had been decorated with features such as flower planters worked on by the residents and the provider advised that funding had been obtained to further upgrade outdoor areas with sensory features and play equipment for children.

The provider had recently installed electronic devices which would allow doors to be held open by choice or for accessibility, without compromising the containment of fire escape routes. Some fire evacuation routes were not equipped to provide effective containment of fire and smoke. The provider had commissioned an external fire safety audit of the premises for which they were awaiting the report. This report would inform the provider's plan and timeline in addressing the outstanding works.

All evacuation corridors were equipped with firefighting equipment and emergency lighting which was recently serviced and tested. Staff and residents had multiple routes for evacuation, with ramps, level ground and double doors allowing for safe and efficient exit of residents with higher physical support needs. Service users were advised what to do in the event of fire and where their nearest exit was on arrival. Practice evacuation drills took place to supplement staff training and assess their competence with evacuation and manual handling procedures. Some review was required to the reports of these drills to ensure the findings of the drill commented on whether they had achieved the stated objective, such as assessing correct procedure and routes followed, and how the provider is assured of the time it would take to complete an evacuation during a high-risk scenario such as when residents and staff may be in bed.

The designated centre was in a good state of maintenance and was generally clean and tidy. The service had designated housekeeping time per house, and the member of the housekeeping team the inspector spoke with was clear on what was, and was not, their responsibility to maintain. A cleaning schedule was available which noted the methods and frequency with which to clean and disinfect equipment, floors, bathrooms and frequently touched surfaces. Colour-coded mops were stored up off the floor, and buckets rinsed out and stored upside-down, when not in use, and were visibly clean. Medical devices such as inhaler masks, oral syringes and injector pens were properly stored and cleaned after use. There was an adequate supply and availability of hand hygiene equipment and gels. All staff were wearing face coverings of a grade currently recommended for residential services when in close contact or proximity to residents. Periodic testing for water bacteria such as legionella was carried out in the houses.

The provider had arrangements in place to ensure residents' time in the service was enjoyable, interesting and varied, led by choices made at the start of their stay. Residents were also facilitated to continue with parts of their usual routine while they live in this service, such as attending day activities, meeting friends, and going to work. The staff team provided evidence of how they encouraged activities and outings and were aware of how they could arrange access to vehicles to enhance community access.

The inspector observed the privacy and dignity of residents being respected by staff. Person-centred guidance was available to advise staff on what supports the resident required, and where residents were independent, in activities of daily living such as dressing, taking their medicines and using the bathroom. Staff were clear on their role and responsibility in reporting instances in which they were concerned of residents' safety or wellbeing.

Staff were knowledgeable on the processes for recording, storing, transporting and disposing of medication for residents. Staff were clear on how to manage medicines which required crushing, refrigeration or additional security, and could tell the inspector the purpose and correct means of administering each person's medicine. Medicine administered only when required (PRN) was available for the people currently living in the service. Sharps boxes were readily available for disposal of needles and lancets and these were correctly constructed and labelled.

Regulation 17: Premises

The premises was suitable in design and layout for the number and assessed needs of the respite users present, and both houses were spacious, bright, well-ventilated and kept in a good state of cleanliness and maintenance.

Judgment: Compliant

Regulation 20: Information for residents

Respite users were supported to be provided information on the designated centre at the start of their stay, and had access to a residents guide describing the services and facilities provided to service users.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which included information required by the regulations. Arrangements were in place to ensure risk control measures and actions were relative to the risk identified and that the level of risk was assessed before and after the controls were implemented.

Judgment: Compliant

Regulation 27: Protection against infection

The prevention and control of risks related to infection were well-managed. The physical environment, equipment, resources and staff practises were managed to minimise the risk to residents, staff or visitors. Infection control was a standing agenda item in team meetings to educate staff on updates to recommended practices and precautions against infection risk and how to support residents to stay safe.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had implemented some improvements to the fire safety features of the designated centre. Some works remained outstanding in providing effective containment of evacuation routes. Reasons for this included doors which could not close automatically during an alarm, damage to the wood in door frames, a hole for a ceiling fitting which was not re-sealed, and doors which had holes in them due to handles and latches which had been removed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Staff were familiar with practices related to the safe prescription, administration, recording, storage and disposal of residents' medication.

Judgment: Compliant

Regulation 8: Protection

The provider had a policy on identifying, reporting and responding to potential or actual instances of abuse. Staff were aware of their obligations in reporting and responding to concerns. Residents had arrangements in place for support with finances and intimate care and support, to effectively safeguard them from risk of harm.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector was provided evidence indicating how residents were consulted and participated in how the centre was run and what the daily arrangements were in the centre during their stay. Staff members treated residents with dignity and respect and reminded residents about the mutual respect expectation for residents sharing their living space.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cheeverstown Community Respite Services OSV-0008111

Inspection ID: MON-0035380

Date of inspection: 13/04/2022

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 planned and actual roster within this designated centre has been reviewed and now reflects the individual staff members who were present on shift. The live roster is on our innovacare system and reflects the actual worked roster. Old printouts have been removed as these are a point in time & do not reflect live roster.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC has a complete schedule in place for all staff inductions, probation, supervision and performance reviews for the year 2022. The outstanding reviews identified have been completed and dates set for all staff for remainder of the year.	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The providers admission team with the PIC will agree a format of a respite admission agreement with the person and/or their representative to include the kind of support, care & welfare of the resident, and details of the service to be provided and any financial arrangements where appropriate.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The format of fire evacuation drills will be reviewed and updated to reflect various scenarios at various times in both respite locations. The external fire company's Audit in	

November 2021 is currently at stage 2 where the detailed gap analysis is being conducted and schedule of work across the organization is being prioritized & financial plan being agreed.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	10/05/2022
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	12/05/2022
Regulation 24(3)	The registered provider shall, on admission, agree	Not Compliant	Orange	16/12/2022

	in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	16/12/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	16/12/2022
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	29/07/2022