



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

Issued by the Chief Inspector

Name of designated centre:	Centre 7 Cheeverstown Community Services
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	07 December 2022
Centre ID:	OSV-0004130
Fieldwork ID:	MON-0029562

About the designated centre

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

The service provides full-time residential care and support to adults with a diagnosis of intellectual disability. The centre consists of four separate houses in the community within the geographical area of South Dublin. There are three two-storey houses and one bungalow. In total, 13 adult residents with an intellectual disability live in the centre within the age range of mid-thirties to mid-seventies. There are gardens to the rear of each house. Each of the residents has their own bedroom which had been personalised to their own taste. Each house has a kitchen/dining area and two bathrooms. The person in charge shared their time between the four houses. There are social care leaders, social care workers, staff nurses and care assistants employed in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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 7 December 2022	10:00hrs to 17:00hrs	Gearoid Harrahill	Lead
Wednesday 7 December 2022	10:00hrs to 17:00hrs	Micheal Kelly	Support

What residents told us and what inspectors observed

During this inspection, inspectors had the opportunity to speak with 11 of the 13 residents, as well as members of their direct support team. The inspectors observed routines and interactions in the residents' day, and observed the home environment and support structures as part of the evidence indicating their experiences living in this designated centre.

As this inspection was announced ahead of time, residents were expecting the visit and were happy to sit and speak with the inspectors about what they had been working on or how they had been supported in the houses. Residents and family members responded to questionnaires which had been issued on announcement which provided additional commentary and feedback on what they liked or disliked about the service, staff, activities, routines and shared living space.

The residents were supported in comfortable suburban houses which had been decorated and personalised to people's choice and interests. While some maintenance issues and fire safety features required attention, which will be covered later in this report, overall residents liked their home. The houses were clean, secure and decorated for Christmas. One of the four houses had been identified for a number of years as no longer being suitable for the mobility needs of its residents. The residents told the inspectors that they were finding it increasingly difficult to climb stairs to get to a bathroom or to their bedrooms. The provider had taken steps to provide more suitable accommodation in the future. A resident in another house wanted more a more accessible showering area.

Two of the residents were busy with activities in the community during the day and did not participate in the inspection. Other residents came and went from the houses during the day, attending social groups, day services and social events. Many of the residents were looking forward to a Christmas lunch event in the central campus of this provider group, the first time this had been held as a big event since before the COVID-19 pandemic. Residents who met with the inspectors after this lunch were excited to talk about friends they had caught up with at the meal. Other residents were preparing for Christmas, including two residents who were planning out their Christmas shopping for friends and family, and another resident who was involved in a nativity play. Residents were following the World Cup, and told the inspectors which teams they were supporting. Residents told the inspectors about their hobbies and interests, including one resident who played on a local football team, another who played the bodhrán with a traditional music group, a resident who attended a men's shed group, and residents who were involved in social programmes with local secondary schools. One resident had attended the first day of a home economics course which they enjoyed and wanted to stay with it. One resident was involved in a education programme that would prepare them for a college course.

The inspectors observed some improvement in the availability and continuity of

resident support resources since the previous inspection. Day services had recommenced following their suspension during the pandemic, and this had been of benefit to some residents who were bored or frustrated being at home most of the day. Since the previous inspection in which one vehicle was shared between four houses, the centre now had exclusive use of two vehicles, with another two shared with another house, as well as more staff members who could drive. This allowed more spontaneous and frequent trips out for the residents. Residents told the inspectors there had been an improvement in the continuity and familiarity of their staff support team, and fewer instances of them working with people who did not know them well. The inspectors found evidence to indicate the use of contingency staff had substantially decreased.

Residents were actively involved in grocery shopping and household chores for their home. Residents were supported to engage in their hobbies and skills in the house such as music production, gardening, baking, colouring and playing games online. The inspectors observed a good rapport between residents and with staff, and the inspectors observed staff and residents chatting and joking, watching quiz shows and playing board games together. Residents also enjoyed going to the pub, hairdresser, parks, cinema, drives in the mountains or to watch planes at the airport, and had access to public transport options.

Some residents commented that they had made complaints directly to staff or through their house meetings and noted that they felt listened to about their concerns. Two of the residents of this centre were part of an advocacy group who had done work to raise the profile of people with disabilities in their local community. This group had recently met with the Minister of State for Disability to discuss issues meaningful to them, and one resident was being supported to raise concerns on the poor access of some public footpaths for wheelchair users.

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 provider had suitable governance arrangements in place to effectively manage this designated centre and oversee the quality of resident support. In the main, the inspectors found evidence to indicate that the provider was striving for regulatory compliance and continuous service improvement. Substantial improvements were observed in the consistent availability of resources such as personnel and transport. Some improvement was required in timely development of plans of action following findings of reviews and audits.

The designated centre was registered until May 2023, and the provider had submitted their application with all required information to renew the centre's

registration for a further three years. The purpose of this inspection was to assess compliance with the regulations and to inform the decision to renew the registration of the centre.

The provider had completed a comprehensive six-monthly quality and safety review, most recently in August 2022, as well as publishing the annual report on the centre for 2021. These service reviews reflected on their achievements and challenges over the year, and reflected on the experiences of residents and their representatives who contributed to the reviews. The provider had also set out objectives for the year ahead, with a focus on residents engaging with new and returning social opportunities following restrictions necessitated by the pandemic, and working towards more ambitious life development goals which were meaningful to their level of independence and skills.

The provider had also taken action towards resolving ongoing issues related to premises accessibility and fire safety upgrades of this centre. A new premises had been purchased, and an external fire safety inspection had been commissioned. While these were important steps to resolving recurring regulatory non-compliance, there was limited evidence available at the time of the inspection to provide assurance as to when the upgrade works, and renovations to the new house, will be completed. The provider committed to engaging with relevant parties to provide assurance to the Chief Inspector as to when they would anticipate the service to be brought into compliance on these matters.

The provider maintained a clear record of complaints raised in the centre and the inspectors found evidence of a culture of inviting feedback and using matters raised by residents and families as opportunities to further enhance the service.

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 timeframe.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required qualifications and experience in management and leadership roles.

Judgment: Compliant

Regulation 15: Staffing

The provider was only one full-time post short of a full complement of staff, and recruitment to fill this was at interview stage. Inspectors were provided evidence to indicate that staffing continuity had been retained when covering vacancies and staff leave. The provider had reflected on the substantial decrease in reliance on contingency arrangements such as relief and agency personnel to cover shifts. Residents commented that they were happy that they were supported more often by familiar staff. Inspectors reviewed a sample of personnel files which contained information required by the regulations such as work references and Garda vetting.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed their annual review of the service, and six-monthly quality and safety reviews within the time frames required by the regulations, and there was evidence to indicate that these reports had been composed in consultation with residents and family members. Timebound plans of action were set out for areas requiring development or improvement from internal audits. Some improvement was required in providing assurance that the service was working to clarify findings, identify corrective actions and provide assurance of timely resolution of matters raised in relation to upgrades of premises, accessibility, and fire safety. This included a number of service deficits which had not been resolved following inspection findings in 2020 and 2021.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had composed a statement of purpose for the centre with the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents told the inspectors that when they had made complaints, they felt listened to and that the matter was resolved satisfactorily. The inspectors found evidence that matters raised directly by residents or which had been raised in house meetings were recorded appropriately in the centre with actions or outcomes taken from same.

Judgment: Compliant

Quality and safety

Throughout the inspection, the inspectors observed an overall high quality of care and support delivered by this service. Measures and practices to keep people safe, appropriately supported, and engaged in activities at home and in the community were appropriate for the number and assessed needs of the residents. However, work was still outstanding to ensure that the houses were in compliance with fire safety regulations. One of the houses continued to be unsuitable for the assessed needs of its residents.

The designated centre was suitable for the assessed needs of most of its residents, however in one house two of the residents were finding it increasingly difficult to climb stairs which was required to get to their bedrooms and to a bathroom. The premises had been identified as unsuitable for their changing needs for a number of years. A new house had just been purchased in at the end of 2022 with the intention to renovate it to be suitable for accommodating these residents. The provider was actively engaging with contractors and their funder to establish an expected timeline for the new house to be ready, and committed to providing an update on this to the Chief Inspector.

The provider had measures in place to be assured that a timely evacuation could be achieved in the event of emergency. The house was equipped with fire fighting equipment and emergency lighting, which was subject to routine service and certification. A risk assessment had been carried out in July 2022 which identified deficits in protection, detection and containment in the event of a fire. Some of the findings of this inspection and of the external assessor were identified in previous inspections, such as evacuation routes which were not adequately protected, or doors being propped open.

Residents were supported to pursue active, varied and interesting routines which were suitable to their interests, capacities and wishes. Residents were actively

engaged in community, educational, family and social links which were meaningful to them. Residents showed the inspectors things such as their musical instruments, studio equipment, baked creations, artwork, and photos of them at their sporting events and social groups.

Resident independence and autonomy was promoted in this service, and their right to be heard in the operation of their service was respected. Residents were supported to access and control their cash and belongings without undue restrictions. Residents were supported to advocate for themselves, their fellow residents, and for people with disabilities in general through engagement with outside parties.

Regulation 12: Personal possessions

The inspectors found evidence to indicate that residents had appropriate access and control of their personal possessions and finances. The provider had measures in place to track and protect residents' belongings. Residents were facilitated to use their cash and debit cards in accordance with their assessed level of independence.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were active and busy at home and in the community, and were supported to engage in meaningful and enjoyable outings, hobbies, social groups, religious services, family visits, recreational opportunities and links with their local community.

Judgment: Compliant

Regulation 17: Premises

As had been identified by the registered provider, and by inspectors in the past two cycles of inspections, one of the four houses making up this designated centre was no longer suitable to meet the assessed needs of two of the residents. In this house the residents were required to climb a flight of stairs to get to the bathroom and their bedrooms, which was becoming increasingly difficult as needs changed. The provider advised the inspectors of the recent purchase of a new premises which would provide ground floor living for its occupants. However, at the time of this inspection, a time bound plan of works to renovate this new premises and have it ready to be lived in by the residents had not yet been established by the provider.

The provider committed to establishing a planned timeline in the coming weeks with their funder to provide assurance that a suitable premises would be provided for their residents in a reasonable timeframe.

Besides this, premises overall was clean and highly personalised to the interests and choices of the residents. Adaptations had been made to some areas of the premises to enhance accessibility, and the provider had identified areas which could be further enhanced, such as renovating a bathroom to have a more suitable shower area.

Some areas of the houses required work to ensure the premises was kept in a good state of repair and to retain the pleasant appearance of the residents' home. Observations included, but were not limited to, the following:

- The surfaces of some walls, ceilings, windowsills and radiators required repair or repainting.
- One resident's bed frame was broken and required repair or replacement.
- The floorboards of one bedroom were damaged and peeling.
- The linoleum floor surface in one bedroom was lifting and partially sunken.
- Some bathroom ware required resealing, including a sink which was coming loose from the wall.
- Surface damage to kitchen unit doors and kickboards.

Judgment: Not compliant

Regulation 20: Information for residents

The residents guide and information posted in the houses provided easily accessible information to residents about their home and the services available to them.

Judgment: Compliant

Regulation 27: Protection against infection

The premises was overall clean. The staff team were following appropriate procedures and practices for the management of cleaning supplies, food, waste, hand hygiene and the use of face coverings in line with current national recommendations.

Judgment: Compliant

Regulation 28: Fire precautions

Emergency evacuation routes in the designated centre were not suitably equipped to provide effective containment of fire and smoke. The provider had commissioned an external company to risk assess the premises in July 2022. The findings of this report were inconclusive on whether many of the doors were rated to contain fire, therefore it was unclear to the provider what corrective action was required to come into compliance with regulations; whether doors were fire rated and required new seals and closers, or if door sets required replacement with fire rated doors and frames. As such, there was no indication of when the provider would be in compliance with the regulations.

Other fire containment features were compromised on inspection. For example, two doors which did have self-closing mechanisms were observed to be propped open with furniture, and many of the doors were equipped with intumescent strips which had been painted over contrary to recommendations of the fire engineer. The external report also identified other risks related to the fire safety or protection of attic and boiler spaces; it was unclear from information provided if the work recommended in this report had been progressed.

The houses were, however, equipped with emergency lighting, maps, unobstructed exits and fire fighting equipment which was all kept under regular review. Fire drills took place in the centre to provide assurance that residents and staff members could make a timely exit, and information from these was used to inform and update personal evacuation plans for residents.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents were supported to have their voices heard in the operation of the designated centre and decisions made about their support. The inspectors observed examples of matters raised in house meetings, complaints and input towards audits being used to enhance their experiences in their home and with their support structure. Some residents were involved in advocacy groups and were supported to raise issues on behalf of their housemates and peers.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Centre 7 Cheeverstown Community Services OSV-0004130

Inspection ID: MON-0029562

Date of inspection: 07/12/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new house was purchased at the end of 2022 to help support and address the changing needs of the residents which was identified by both the provider and the inspector. This new premises will require extensive renovations and modifications in order for it to be suitable for accommodating these residents and their changing needs. The provider has actively engaged with contractors and these works went out for tendure in the end of 22 and a contractor has now been identified.</p> <p>The provider is currently working on timelines with the contractor for this new property with the aim of completeion by Dec 2023.</p> <p>A full assessent to scope out the plan of works will be completed with the contractor and the MDT to ensure that the property will meet the changing needs.</p> <p>Tranision meetings are held on a weekly basis with the multidisciplinary team, to help plan and prepare for the tranision of these residents. These meetings and transition plans will be done in collabaration with the residents and their families to ensure full particiapation.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Works identified during the inspection have been reviewed and a plan of works for these repairs/ upgrades is as follows;</p> <ul style="list-style-type: none"> • The surfaces of walls, ceilings, windowsills and radiators will be required repair or repainted on 31st Jan 23 • Bed frame has now been repaired. • Floorboards and linoleum floor surface will be repaired by31st March 23 • Seals to sink area will be completed by 31st March 23 • Surface damage to kitchen unit doors and kickboards will be completed by 30th June 	

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Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The service completed a Fire Risk Assessment in July 2022. The service has now secured funding for remediation works to commence to address required actions in relation to doors being fire compliant to standard. The provider has engaged a contractor to commence the remediation works. This centre is scheduled for this year.

All doors with self closing mechanisms will be followed as per their intend use.

Intumescent strips which were noted to have been painted over contrary to recommendations of the fire engineer will be replaced

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/12/2023
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	31/03/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He.	Not Compliant	Orange	31/12/2023

	she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(1)(c)	The registered provider shall 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.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2023
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/08/2023