

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

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:	Announced
Date of inspection:	17 July 2024
Centre ID:	OSV-0008111
Fieldwork ID:	MON-0040120

About the designated centre

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

This designated centre provides respite accommodation for adults, and for children under the age of 18 years. Children and adults are accommodated separately and will not occupy the same house at the same time in this designated centre. The service supports children and adults with an intellectual disability who may have additional complexity of need including physical or 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 17 July 2024	11:30hrs to 19:30hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to assess the service provider's regulatory compliance, and to follow up on actions raised through ongoing regulatory engagement, to inform a decision to renew the registration of this designated centre. This inspection was announced in advance, and the service users and their loved ones were invited to provide written feedback on their experiences and feedback about the service. The inspector met with residents, front-line and management staff, observed interactions and reviewed support planning and guidance, as part of the evidence indicating the lived experience in Cheeverstown Community Respite Services.

This centre consisted of two suburban houses located a short drive apart. As the service users in both houses on the day of inspection were attending day service until the mid-afternoon, the inspector made arrangements with the person in charge to start later in the day so as to spend more time in the houses while residents were present, to meet with them and observe their supports and routines with staff. The inspector had the opportunity to meet with five of the seven residents using the service, as the remaining two residents went out again to do some personal shopping. The inspector also met with front-line staff supporting the residents, and attained written commentary from surveys provided during the inspection or submitted beforehand to the office of the Chief Inspector of Social Services.

The inspector observed that residents were comfortable and happy in the designated centre, and had a good relationship with each other and with their support staff team. Some residents commented that they had been coming to this service for a long time, and knew which house and bedroom they preferred to stay in. Residents were friendly with each other and were chatting and joking together. There was a pleasant and relaxed atmosphere in the house, with staff supporting residents to talk about themselves and what they liked or did not like, without putting pressure on them. Interactions were person-centred in nature, for example the inspector observed staff telling a resident what was planned for dinner, but asking if they felt like something else instead before starting. In another example, the inspector observed a staff member responding to a resident becoming upset and being quick to identify what was bothering them and suggest what could be done, which put a smile back on their face. Where a resident was planning to go out for a walk in unsuitable footwear, they were politely and patiently explained why they might want to change instead of being instructed to do so. Staff were observed chatting to residents about their day and their news while delivering support, such as while assisting them up the stairs or engaging in personal care.

Photo albums were used to support residents to talk about what they and others had been doing during their respite stays. These were kept current with recent outings and activities from this year, including the zoo, cinema, castles, waterfalls, parks, beaches, pubs, amusement parks and botanic gardens. Activities in the centre included garden parties, baking, karaoke and movie nights. Residents told the

inspector that they enjoyed their stays in this service and enjoyed how busy and active the house could get, particularly when they stayed at the same time as their friends. Residents were confident that they could speak to any member of staff if they felt upset, anxious or poorly treated in the centre.

In recent years, service users had been living in this respite service full-time on an emergency basis while the provider sought suitable permanent accommodation. In the past year some residents had moved on to new homes, and two people lived in this centre full-time as of the date of this inspection. The provider had acknowledged that living in a respite service full-time with a rotating combination of service users sharing the house was not an ideal arrangement for these people nor for the operation of the respite service. The inspector observed evidence that the provider was actively seeking more suitable houses for each of these residents. However, evidence was also observed that where a resident was not comfortable with a proposed transition, where the provider had concerns that their needs would not be adequately met, or that they would not be compatible with potential housemates, the transition process had been halted and re-assessed.

Residents living full-time in the service were being supported with basic life skills such as doing their household chores and being supported to have greater access and control of their money. Residents' bedrooms were appropriately personalised and decorated, and residents were supported to pursue larger plans. For example, one resident had recently been supported to spend their money on hosting a big birthday party and treating their friends and family.

Following the provider's own finding that there had been limited reflection on the experiences and direct commentary from service users and their representatives in the centre's annual report for 2023, the provider had recently launched a written satisfaction survey asking questions related to how the centre could improve, what service users had to say about staff, activities, meals and routines, and what residents wanted to get out of their time in the services of this provider. The inspector reviewed responses representing 43 service users, and the provider's analysis of matters on which people commented most frequently. For example, a number of people wanted to have more advance notice of when respite stays were scheduled, to allow service users and their families to plan accordingly. Other feedback reflected on residents who had made friends through respite, a desire for staff to get to know service users better to enhance communication and reduce the need for questions, where staff had a good knowledge of dietary supports, a desire for reduced paperwork by families, and assurances that there would be sufficient transport to get out of the house. The latter point was also discussed with management and staff, who indicated a need to return to having two designated service vehicles to optimise community access and flexibility when residents wanted to pursue different activities and outings. This had been mitigated in the interim through staff initiative and knowledge of local public transport, suggesting activities in walking distance, and arranging schedules based on their knowledge of respite users' preferences.

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 this service to be appropriately resourced with staff, equipment and accessibility features, with a management and oversight structure which pushed for continuous improvement, staff accountability and development, and timely resolution of challenges and regulatory deficits identified through incidents and audits. The designated centre had recently changed from having two service vehicles to one shared between the two houses, which was identified as affecting the flexibility and spontaneity with which residents could pursue separate activities.

The person in charge and front-line staff members demonstrated a good knowledge of their roles and responsibilities, and of the assessed needs, interests and personalities of service users. Quality of service was a key feature in staff members' supervision and performance management meetings. Managers worked with staff to ensure that not only were they competent and confident in their support duties, but that they were supported to overcome any potential challenges related to shift patterns, protected time and changes in reporting systems. Team meetings reflected on matters raised through concerns, complaints and audit findings. Staff were provided training in areas required to work in this service or to respond effectively to residents' specific needs.

The inspector reviewed the annual report for this centre in 2023 which reflected on the achievements and challenges in the preceding year and the focus for the year ahead. The provider had identified, however, that this report did not sufficiently capture the experiences and feedback from the residents through their consultation. In response to this, a campaign to collect written feedback was launched in 2024 to invite the voice and stories of service users and their family members to capture what was important to them and how to get the most out of this respite service going forward.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted their application to renew the registration of this designated centre and all associated supporting documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced intellectual disability nurse whose qualifications included management of people. They had worked in management roles in health and social care services previous to this position, and worked full-time supernumerary hours as person in charge.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was suitably resourced with personnel who demonstrated a good knowledge of the assessed needs, interests, personalities and preferences of service users. A small complement of support resources ensured that shifts affected by vacancies and absences were covered prior to the being filled permanently, and these shifts were clearly identified on the centre rosters.

Judgment: Compliant

Regulation 16: Training and staff development

Training which was mandatory due to regulatory requirements, and training required due to the assessed needs of service users, were clearly identified. The person in charge had a means by which they could be assured that staff had attended training sessions as required, and where refresher courses were booked to ensure they were up to date. Guidance and formal training was provided to staff on supporting residents with needs related to safe eating and manual handling, falls risk and epilepsy.

The inspector reviewed a random sample of staff supervision documents including probation, performance management and one-to-one meetings with their line manager. These meetings included meaningful discussions and support strategies related to career objectives, challenges in carrying out duties, feedback on centre operation, and where staff competencies required improvement.

Judgment: Compliant

Regulation 21: Records

Records required under this regulation related to the residents, the staff, the designated centre and its operation were readily available and easily retrievable for inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The management structure for this service was clearly defined, with clear lines of reporting and accountability. The inspector observed examples of how matters of concerns were escalated to local and provider management as required.

This designated centre was subject to a six-monthly inspection by the provider, most recently in March 2024, from which a comprehensive and detailed report was published including specific, measurable and time-bound actions to address service deficits and come into compliance with regulations, standards, best practice and provider policy. For example, this audit had identified that there had been limited consultation with service users in the composition of the centre's annual report, with a campaign of inviting written feedback commenced to collect this during 2024. The quality audit had identified areas for improvement of development related to environmental hygiene, documentation, staff supports and communication lines, and in the main, the inspector observed these actions to have resulted in improvements to the centre operation. The inspector also observed where actions following previous regulatory inspections had resulted in improved compliance in areas such as fire safety, contracts of care, and staff supervision.

Staff team meetings took place regularly and the minutes of these included discussion of incidents, complaints, staff concerns, resources and challenges in care and support delivery. From commentary attained from residents, families, staff and management, the inspector observed that an area requiring action in this centre was in transport, as in recent months the centre went from having two vehicles, to sharing one vehicle between the houses. While staff supporting residents to use nearby amenities and public transport options, and the option to use another service's vehicle at weekends provided mitigation of this impact on the interim, the provider identified a need to improve this arrangement for residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of written agreements between respite users and the provider, which outlined the terms and conditions associated with using the services of this designated centre. The contracts specified the number of days in a year provided as part of the service before any fees would be incurred.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider maintained a statement of purpose outlining the services and resources provided, which included information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Events and practices requiring notification to the Chief Inspector of Social Services were submitted in a timely fashion.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy and procedure in place for making complaints, and had identified the manager to whom complaints not resolved at a local level could be escalated. The inspector reviewed a sample of complaints received from or on behalf of service users, and actions taken by the provider to address concerns raised.

Judgment: Compliant

Quality and safety

The inspector found this to be a well-run service led by the choices and assessed needs of service users, with a focus on ensuring that combinations of respite users facilitated a positive and enjoyable experience in respite. Where concerns arose regarding resident relationships or residents not enjoying the same opportunities as their peers, these were reviewed in detail to allay concerns or implement improvement initiatives.

The provider had addressed issues raised through inspections and audits relating to fire safety, infection control and ensuring guidance and resident information was up to date. Where residents had specific requirements to ensure their health and safety, such as when mobilising and eating, staff were provided person-specific and evidence-based guidance and instruction.

Where the provider was investigating options for transition and discharge of people living in this centre full-time, it was evident that the resident was central to the process. They were being supported to see their potential home and housemates multiple times, and for residents and their support team to raise concerns about the suitability of the transition for their personal, social and healthcare needs. In the meantime, staff were supporting these residents with their hobbies, life events and personal skills.

Residents enjoyed varied and meaningful social and recreational engagements in the house and on day trips. Residents told the inspector they felt safe and happy in this service and got along well with their friends and staff.

Regulation 12: Personal possessions

Service users were supported to maintain control of their personal belongings and money in accordance with their assessed independence and preference when they arrived for respite stays. For a resident who had been living full-time in this service, the provider had supported them to establish a bank account in their own name, through which their income and expenditure would be managed and for which they would have access to a debit card and money when required.

Judgment: Compliant

Regulation 13: General welfare and development

Respite users were supported to enjoy varied and interesting recreational activities

both in the house and out in the community. Service users enjoyed visiting farms, heritage sites, amusement parks and cinemas, or doing personal shopping with staff support. Residents living in the service full-time were being supported with routines and skills in household management, money management and personal hobbies.

Judgment: Compliant

Regulation 17: Premises

The two houses were laid out to be suitable for the number and support needs of residents, and beyond general wear and tear associated with frequent use, were in an overall good state of cleanliness and repair. The respite users had suitable kitchen, bathroom and communal spaces, and bright and colourful playground equipment and surfaces in the garden for children to enjoy. The provider had identified residents who were more suitable for downstairs bedrooms or where mobility equipment was required.

Judgment: Compliant

Regulation 18: Food and nutrition

There was adequate meals, snacks, treats and drinks in the house which residents could access when required. For residents with modified diets or specialist feeding devices, staff were provided suitable guidance and training on the specific needs of the person as required.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector reviewed evidence related to the discharge of residents who were living in this centre full-time. The inspector observed evidence that these people were supported to visit potential new homes and meet with the existing service users there. Evidence indicated that where the provider was not assured of the suitability of the service in meeting residents' needs, or where residents appeared to not be compatible with the home or the needs of their potential peers, plans were discontinued or revised with alternative arrangements.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector observed how matters related to serious incidents, resident feedback, complaints, centre resources and medical emergencies were being discussed and risk assessed to ensure that actions and learning were implemented and communicated to the team as required.

Judgment: Compliant

Regulation 27: Protection against infection

Following an inspection specifically related to standards and practices around infection prevention and control in 2023, the provider had implemented and sustained actions and improvement plans. The inspector reviewed a comprehensive audit carried out in 2024 on infection control practices related to risk assessments, documentation, cleaning practices and management of sterile stock and devices. The inspector observed good practices in these houses related to waste management, food safety, hand hygiene and oversight of environmental upkeep.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had completed repair work to ceilings and doors to provide containment against the spread of fire and smoke. Practice evacuation drills were carried out regularly to ensure that staff could consistently follow procedures with different combinations of service users and effect a timely evacuation in an emergency. Staff were up to date on their formal training and were familiar with procedures to follow in the event of fire. Service users had simple guidance for day and night evacuations to ensure they were supported consistently and in a safe manner.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed a sample of safeguarding investigations which had been carried out related to this designated centre. Evidence indicated that the provider

was engaging in prompt investigation and notifying third parties such as the Health Service Executive, Child and Family Agency (Tusla) or An Garda Síochána as required. Staff were trained in identifying and responding to witnessed, alleged or suspected incident of abuse of adults or children.

Where necessary, the provider was reviewing compatibility and active safeguarding concerns when scheduling respite stays, to keep people safe where deemed to not be compatible with another service user. Residents told the inspector they felt safe and protected in this service and to whom they could speak if that changed. Concerns raised in safety and compatibility were a regular agenda item in team meetings to ensure staff were aware of incidents and safeguards.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed examples during this inspection of resident choices leading their supports and routines, and examples of staff speaking to residents with respect and dignity. Staff were observed encouraging conversation and banter among themselves and residents to provide a friendly and relaxed environment, and ensured to include residents who did not primarily communicate using speech. Where residents appeared anxious or upset, staff encouraged them to express themselves in a healthy manner to address what was bothering them.

The provider had recently launched a campaign of inviting written, optionally anonymous commentary and suggestions from all service users and their families. The provider had received over forty responses from this and attained valuable information on how they could change the service, where they were doing well, and what residents enjoyed in this service. This information and future similar engagements would allow the provider to incorporate the voice of their many service users in future quality of service audits.

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant